

A For the 2025 calendar year, or tax year beginning APR 1, 2025 and ending MAR 31, 2026

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GARY SINISE FOUNDATION		D Employer identification number 80-0587086	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 680819		E Telephone number 615-575-3500	
	City or town, state or province, country, and ZIP or foreign postal code FRANKLIN, TN 37068-0819		G Gross receipts \$ 133,047,056.	
	F Name and address of principal officer: DONNA MERCIER SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.GARYSINISEFOUNDATION.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2010	M State of legal domicile: DE	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HONORING OUR NATION'S DEFENDERS, VETERANS, FIRST RESPONDERS, THEIR FAMILIES, AND THOSE IN NEED		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	102
	6 Total number of volunteers (estimate if necessary)	6	2650
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 77,259,350.	Current Year 94,400,288.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,220,056.	5,764,067.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,039,250.	583,290.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,518,656.	100,747,645.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,513,288.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,303,276.	11,161,265.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 3,734,952.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,897,015.	56,046,881.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		82,713,579.	87,598,863.
19 Revenue less expenses. Subtract line 18 from line 12		2,805,077.	13,148,782.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 89,011,140.	End of Year 101,829,826.
	21 Total liabilities (Part X, line 26)	5,612,433.	4,249,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	83,398,707.	97,580,558.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	DONNA MERCIER, EXECUTIVE DIRECTOR			
Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	KATY BROWN	KATY BROWN	10/20/26	P00650274
Firm's name ARMANINO ADVISORY LLC			Firm's EIN 94-6214841	
Firm's address 2700 CAMINO RAMON, STE. 350 SAN RAMON, CA 94583-5004			Phone no. 925-790-2600	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

AT THE GARY SINISE FOUNDATION, WE SUPPORT OUR NATION'S HEROES, OUR
 VETERANS, MILITARY, THOSE SUFFERING FROM THE INVISIBLE WOUNDS OF WAR,
 FIRST RESPONDERS, THEIR FAMILIES, AND THE FAMILIES OF FALLEN HEROES.
 (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$ 27,600,553. including grants of \$ 5,143,954.) (Revenue \$)
 RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, THEIR
 FAMILIES, AND THE FAMILIES OF FALLEN HEROES, REMINDING THEM THAT A
 GRATEFUL NATION STANDS BEHIND THEM. THE FOUNDATION PROVIDED 490 GRANTS
 TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THROUGH KEY MENTAL
 WELLNESS PARTNERSHIPS AND INITIATIVES, WE HELP OUR HEROES SHED THE
 WEIGHT OF THEIR TRAUMAS AND TRANSITION FROM POST-TRAUMATIC STRESS TO
 POST-TRAUMATIC GROWTH. BY BRINGING TOGETHER HEROES OF EVERY CONFLICT,
 GSF CREATES A COMMUNITY OF TRUST, WHERE THEY CAN CONFRONT
 POST-TRAUMATIC STRESS AND LEARN TO THRIVE IN CIVILIAN LIFE. THE GARY
 SINISE FOUNDATION HOSTED 15,050 PARTICIPANTS IN MENTAL WELLNESS
 RETREATS, ALLOWING VETERANS AND FIRST RESPONDERS TO EXPERIENCE PATHH &
 STRUGGLE WELL PROGRAMMING THIS YEAR. (CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ 24,085,001. including grants of \$ 4,396,998.) (Revenue \$)
 THROUGH OUR R.I.S.E. PROGRAM (RESTORING INDEPENDENCE, SUPPORTING
 EMPOWERMENT), GSF SERVES AMERICA'S MOST SEVERELY WOUNDED HEROES
 (VETERANS AND FIRST RESPONDERS) AND THEIR FAMILIES BY CONSTRUCTING
 MORTGAGE-FREE, CUSTOM HOMES FEATURING SMART TECHNOLOGY AND SPECIALIZED
 FEATURES. EACH HOME EASES THE CHALLENGES FACED DAILY BY OUR HEROES,
 MANY WHO SUFFER FROM AMPUTATIONS, TRAUMATIC BRAIN INJURIES (TBI),
 BURNS, AND POST-TRAUMATIC STRESS. DURING THIS FISCAL YEAR, THE GARY
 SINISE FOUNDATION COMPLETED 8 SPECIALLY ADAPTED SMART HOMES. THE
 FOUNDATION HAD COMPLETED 102 HOMES FOR OUR INJURED HEROES SINCE
 INCEPTION OF THIS PROGRAM. THROUGH THIS PROGRAM, GSF PROVIDED RESOURCES
 TO HEROES OF EVERY CONFLICT TO HELP THEM OVERCOME THEIR NEW CHALLENGES
 AND RECLAIM THEIR INDEPENDENCE. (CONTINUATION ON SCHEDULE O)

4c (Code:) (Expenses \$ 15,222,108. including grants of \$ 5,965,339.) (Revenue \$)
 COMMUNITY OUTREACH AND EDUCATION BRINGS JOY AND CONNECTION TO OUR
 DEFENDERS AROUND THE WORLD. THIS FISCAL YEAR, 161,396 ACTIVE-DUTY,
 VETERANS AND FIRST RESPONDERS WERE SERVED APPRECIATION MEALS-- HEARTY,
 CLASSIC AMERICAN FARE-- AS PART OF OUR SERVING HEROES PROGRAM, CLOSING
 IN ON 1,430,643 MEALS SINCE GSF BEGAN THIS TRADITION. THESE
 APPRECIATION MEALS ARE A MESSAGE OF THANKS FROM GRATEFUL AMERICANS AND
 ARE A REMINDER THAT THEIR SACRIFICES ARE NOT FORGOTTEN. SERVING
 VETERANS IS NOT ONLY OUR DUTY AS CITIZENS, BUT OUR PATRIOTIC PRIVILEGE.
 THROUGH OUR EDUCATION PROGRAM, GSF PROVIDES WWII VETERANS WITH THE
 OPPORTUNITY TO VISIT THE NATIONAL WWII MUSEUM AND SPONSORS A HISTORIAN
 TO DOCUMENT THEIR FIRST-HAND ACCOUNTS OF THE WAR. IN 2025, 94 WWII
 VETERANS TRAVELED TO NEW ORLEANS, (CONTINUATION ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 12,105,574. including grants of \$ 4,884,426.) (Revenue \$)

4e Total program service expenses 79,013,236.Form **990** (2025)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 390	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 102		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11			
b Enter the number of voting members included on line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 BARBARA TITUS - 615-575-3500
 PO BOX 680819, FRANKLIN, TN 37068-0819

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA MERCIER EXECUTIVE DIRECTOR	40.00			X				487,063.	0.	38,987.
(2) JAMES RAVELLA EXECUTIVE VICE PRESIDENT	40.00			X				340,972.	0.	35,640.
(3) CRISTIN KAMPSNIDER SENIOR VICE PRESIDENT - MARCOMMS	40.00				X			284,413.	0.	22,176.
(4) BARBARA TITUS SENIOR VP - OPERATIONS/FINANCE	40.00			X				250,102.	0.	23,293.
(5) SARAH HOLLIS VICE PRESIDENT - PHILANTHROPY	40.00				X			230,727.	0.	34,087.
(6) ELIZABETH DOLAN SENIOR DIR. - PHILANTHROPIC GIVING	40.00					X		209,311.	0.	25,647.
(7) GILBERT BOSWORTH VICE PRESIDENT - PROGRAMS	40.00				X			176,945.	0.	32,463.
(8) ROBERT GEORGE VICE PRESIDENT - OUTREACH	40.00				X			163,649.	0.	32,077.
(9) LAURA KRIEGER SR. DIR. - PHILANTHROPIC STRATEGY	40.00					X		166,283.	0.	22,521.
(10) CHRISTINA KREISEL SR. DIRECTOR - CORP/COMM RELATIONS	40.00					X		174,808.	0.	12,065.
(11) MEGAN RIEL SALESFORCE MANAGER	40.00					X		151,114.	0.	6,560.
(12) HANNAH LUPPINO VICE PRES. - PROGRAMS (THRU 10/25)	40.00					X		131,508.	0.	17,564.
(13) GARY SINISE CHAIRMAN/FOUNDER	20.00	X		X				0.	0.	0.
(14) VINCENT BROOKS VICE CHAIRMAN	20.00	X		X				0.	0.	0.
(15) JOHN HEUBUSCH SECRETARY	20.00	X		X				0.	0.	0.
(16) JAMES SHUBERT TREASURER	20.00	X		X				0.	0.	0.
(17) NATALIE BURKHOLDER DIRECTOR	20.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY GADSON DIRECTOR	20.00	X						0.	0.	0.
(19) DAVID GALARDI DIRECTOR	20.00	X						0.	0.	0.
(20) PATRICIA HOROHO DIRECTOR	20.00	X						0.	0.	0.
(21) ANDREA MANDELL DIRECTOR	20.00	X						0.	0.	0.
(22) ROBERT PENCE DIRECTOR	20.00	X						0.	0.	0.
(23) PASTOR VELASCO DIRECTOR	20.00	X						0.	0.	0.
1b Subtotal								2,766,895.	0.	303,080.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,766,895.	0.	303,080.

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

20

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
METANOIA FILM LLC, 8055 W MANCHESTER AVE - SUITE 555, PLAYA DEL REY, CA 90293	BROTHERS AT WAR/AFTER WAR FILMS	1,235,968.
PROVIDENCE BUILDERS, LLC 46 UNION STREET, CLARKSVILLE, TN 37040	RISE HOME CONSTRUCTION	541,752.
EXECUTIVE COMPUTER MANAGEMENT SOLUTIONS INC 158 SOUTH BRIDGE STREET, STRUTHERS, OH 4447	IT MANAGEMENT/SECURITY	528,811.
BOURBON BUILDERS 1105 MURRAY DRIVE, CHESAPEAKE, VA 23322	RISE HOME CONSTRUCTION	514,039.
AAA RENOVATIONS LLC 212 SAINT FRANCIS STREET, HOUMA, LA 70364	HOME MODIFICATIONS	478,040.
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	43	

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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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	699,082.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	93,701,206.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,131,706.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,370,429.			2,370,429.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 69,816.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	69,816.				
	d Net rental income or (loss)			69,816.			69,816.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 35,562,185.				
	b Less: cost or other basis and sales expenses	7b	32,168,547.				
	c Gain or (loss)	7c	3,393,638.				
	d Net gain or (loss)			3,393,638.			3,393,638.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a	264,305.					
b Less: cost of goods sold	10b	130,864.					
c Net income or (loss) from sales of inventory			133,441.	133,441.			
Miscellaneous Revenue			Business Code				
	11 a REBATES & REIMBURSEMENT		900099	380,033.			380,033.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			380,033.			
12 Total revenue. See instructions			100,747,645.	133,441.	0.	6,213,916.	

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 ...	13,388,308.	13,388,308.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,002,409.	7,002,409.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,245,934.	1,697,949.	278,060.	269,925.
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	6,970,834.	4,001,199.	955,184.	2,014,451.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,834.	61,731.	15,356.	33,747.
9 Other employee benefits	1,172,247.	698,570.	165,537.	308,140.
10 Payroll taxes	661,416.	406,899.	89,081.	165,436.
11 Fees for services (nonemployees):				
a Management				
b Legal	382,254.	5,787.	376,467.	
c Accounting	106,498.	59,439.	47,059.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	291,282.		291,282.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,569,042.	11,040,133.	302,760.	226,149.
12 Advertising and promotion	300,833.	169,804.	128,986.	2,043.
13 Office expenses	2,080,943.	1,618,393.	115,132.	347,418.
14 Information technology	1,115,428.	645,557.	357,878.	111,993.
15 Royalties				
16 Occupancy	1,436,655.	853,827.	582,777.	51.
17 Travel	7,543,995.	7,219,014.	146,427.	178,554.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	279,304.	277,266.		2,038.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,790.	153,926.	121,864.	
23 Insurance	344,428.	260,413.	84,015.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM OPS	12,665,896.	12,665,896.		
b CONSTRUCTION COSTS	10,367,047.	10,367,047.	0.	0.
c FURNISHINGS	5,242,349.	5,242,349.	0.	0.
d MERCHANDISE COSTS	1,069,553.	897,050.	149,774.	22,729.
e All other expenses	975,584.	280,270.	643,036.	52,278.
25 Total functional expenses. Add lines 1 through 24e	87,598,863.	79,013,236.	4,850,675.	3,734,952.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,888,343.	1	2,564,140.
	2 Savings and temporary cash investments	14,967,782.	2	4,632,361.
	3 Pledges and grants receivable, net	4,478,675.	3	4,886,517.
	4 Accounts receivable, net	2,479,351.	4	3,748,066.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	471,884.	8	933,326.
	9 Prepaid expenses and deferred charges	1,697,528.	9	1,899,401.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,828,915.		
	b Less: accumulated depreciation	10b 3,408,277.		
	11 Investments - publicly traded securities	58,911,516.	11	80,851,149.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,046,418.	15	894,228.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,011,140.	16	101,829,826.	
Liabilities	17 Accounts payable and accrued expenses	3,517,322.	17	3,120,551.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,095,111.	25	1,128,717.
	26 Total liabilities. Add lines 17 through 25	5,612,433.	26	4,249,268.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	74,359,718.	27	84,410,198.
	28 Net assets with donor restrictions	9,038,989.	28	13,170,360.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	83,398,707.	32	97,580,558.
	33 Total liabilities and net assets/fund balances	89,011,140.	33	101,829,826.

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Part XI Reconciliation of Net AssetsCheck 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	100,747,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,598,863.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,148,782.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,398,707.
5	Net unrealized gains (losses) on investments	5	1,033,069.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,580,558.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,761,582.	60,365,269.	88,236,379.	77,259,350.	94,269,424.	375,892,004.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	55,761,582.	60,365,269.	88,236,379.	77,259,350.	94,269,424.	375,892,004.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,681,570.
6 Public support. Subtract line 5 from line 4.						374,210,434.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	55,761,582.	60,365,269.	88,236,379.	77,259,350.	94,269,424.	375,892,004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	819,520.	1,043,759.	2,850,801.	2,638,453.	2,440,245.	9,792,778.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		12,223.	415,608.	628,861.	380,033.	1,436,725.
11 Total support. Add lines 7 through 10						387,121,507.
12 Gross receipts from related activities, etc. (see instructions)					12	1,477,939.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	96.66 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	96.58 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2025

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ 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) 2025

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

		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

OTHER INCOME

2022 AMOUNT: \$ 12,223.
2023 AMOUNT: \$ 415,608.
2024 AMOUNT: \$ 628,861.
2025 AMOUNT: \$ 380,033.

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,525,173.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 3,272,527.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 2,951,899.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 2,600,923.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 2,558,684.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 2,260,691.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,000,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

80-0587086

Part II

[illegible]

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

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

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No		

Part II

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,410,494.	15,740,175.	14,375,836.	16,722,709.	14,740,640.
b Contributions	1,184,427.				
c Net investment earnings, gains, and losses	2,155,042.	753,115.	2,940,576.	-2,279,439.	2,043,566.
d Grants or scholarships					
e Other expenditures for facilities and programs			1,500,000.		
f Administrative expenses	73,506.	82,796.	76,237.	67,434.	61,497.
g End of year balance	19,676,457.	16,410,494.	15,740,175.	14,375,836.	16,722,709.

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

a Board designated or quasi-endowment 100 %

b Permanent endowment .0000 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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				
c Leasehold improvements		2,854,384.	1,798,384.	1,056,000.
d Equipment		938,805.	717,114.	221,691.
e Other		1,035,726.	892,779.	142,947.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,420,638.

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

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	1,128,717.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,128,717.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

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

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	107,415,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,033,069.
b	Donated services and use of facilities	2b	5,925,909.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,958,978.
3	Subtract line 2e from line 1	3	100,456,363.
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	291,282.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	291,282.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	100,747,645.

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	93,233,490.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,925,909.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,925,909.
3	Subtract line 2e from line 1	3	87,307,581.
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	291,282.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	291,282.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	87,598,863.

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.

**SCHEDULE I
(Form 990)**

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

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GARY SINISE FOUNDATION

Employer identification number
80-0587086

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOULDER CREST FOUNDATION 33735 SNICKERSVILLE TURNPIKE BLUEMONT, VA 20135	27-3228310	501(C)3	1,800,000.	0.			SUPPORT FOR POST-TRAUMATIC GROWTH TRAINING
AVALON ACTION ALLIANCE 3282 NORTSIDE PARKWAY NORTHWESTSUITE 225 - ATLANTA, GA 30327-2279	88-0748620	501(C)3	1,500,000.	0.			ALLIANCE PAYMENT TO SUPPORT TBI CARE
TRAINING TO PERFORM UNDER PRESSURE LLC - 23926 VINCENT AVE - CAPE CORAL, FL 33991	88-3826643		662,320.	0.			TRAINING SUPPORT - FIRST RESPONDERS
HYPERFORMANCE FOUNDATION 2790 NINE MILE RIDGE RD DUCK RIVER, TN 38454	92-2471033	501(C)3	500,000.	0.			SPORTS/RECREATION FOR VETS/FAMILIES
NEVER ALONE WIDOWS, INC. 11770 HAYNES BRIDGE ROAD#205-360 ALPHARETTA, GA 30009	47-5259109	501(C)3	387,500.	0.			ALLIANCE SUPPORT - VETERAN FAMILIES
2SERVE TOGETHER FOUNDATION 2603 MAITLAND CENTER PKWY MAITLAND, FL 32751	93-1373247	501(C)3	340,000.	0.			WOMEN VETERAN SUPPORT - ALLIANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61.

3 Enter total number of other organizations listed in the line 1 table 110.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN VETERANS CENTER 1100 N GLEBE RDSTE 900 ARLINGTON, VA 22201	51-0232804	501(C)3	300,000.	0.			SUPPORT AVC ANNUAL VETERANS CONFERENCE
DETECTOGETHER INC 53 OTIS STREET WESTBOROUGH, MA 01581	26-2873903	501(C)3	244,000.	0.			FIRST RESPONDER TRAINING GRANT
WARRIORS HEART 756 PURPLE SAGE ROAD BANDERA, TX 78003	37-1742449		224,470.	0.			MENTAL WELLNESS SUPPORT
SONS & DAUGHTERS IN TOUCH P.O. BOX 100366 ARLINGTON, VA 22210	54-1655310	501(C)3	175,000.	0.			VIETNAM VETERAN FAMILY SUPPORT
COHEN VETERANS NETWORK INC 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	47-3950655	501(C)3	150,000.	0.			MENTAL HEALTH SUPPORT
NO GREATER SACRIFICE FOUNDATION 601 PENNSYLVANIA AVE, NWSOUTH BUILDING, STE 900 - WASHINGTON, DC 20004	26-1572599	501(C)3	150,000.	0.			ALLIANCE SUPPORT - VETERAN FAMILIES
MES SERVICE COMPANY, LLC PO BOX 851792 MINNEAPOLIS, MN 55485-1792	20-2019745		149,861.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
CENTER FOR AMERICAN VALUES INC 101 SOUTH MAIN STREET SUITE 100 PUEBLO, CO 81003	27-2779073	501(C)3	125,000.	0.			YOUTH EDUCATION PROGRAMING
WATERDOGS SCUBA & SAFETY LLC 681 NORTH SPRING STREET CLARKSVILLE, TN 37040	46-2058299		121,688.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDIO PARTNERS INC PO BOX 772834 DETROIT, MI 48277-2834	80-0874694		121,022.	0.			MEDICAL EQUIPMENT GRANT
CLEAR PATH FOR VETERANS 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513	501(C)3	105,000.	0.			SERVICE DOG GRANT
ANGELS OF AMERICA'S FALLEN 10010 DEVONWOOD CT COLORADO SPRINGS, CO 80920	45-5029479	501(C)3	100,000.	0.			SUPPORT CHILDREN OF FALLEN VETERANS
CORNELL UNIVERSITY COLLEGE OF VETERINARY - 19 LANDINGS ROAD - ITHACA, NY 14853	22-4390536	501(C)3	100,000.	0.			SERVICE ANIMAL HEALTH SUPPORT
GUITARS FOR VETS 13400 BISHOPS LANESUITE 120 BROOKFIELD, WI 53005	51-0662347	501(C)3	100,000.	0.			MILITARY SUPPORT ALLIANCE
NATIONAL FALLEN FIREFIGHTERS FOUNDATION - PO DRAWER 498 - EMMITSBURG, MD 21727	52-1832634	501(C)3	100,000.	0.			ALLIANCE SUPPORT - FIRST RESPONDER FAMILIES
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)3	100,000.	0.			SERVICE DOG VETERINARY SUPPORT
DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD STREET SUITE 547 DETROIT, MI 48226	30-0056848	501(C)3	100,000.	0.			FIRST RESPONDER TRAINING GRANT
SAFE INDUSTRIES 5031 HIGHWAY 153 EASLEY, SC 29642	20-2653111		96,009.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMETOWN HEROES INC. PO BOX 227 GRAFTON, WI 53024-0227	90-0421984	501(C)3	86,422.	0.			SUPPORT FOR MILITARY KIDS
SPEC RESCUE INTERNATIONAL, INC 2697 INTERNATIONAL PKWY, 128-3 VIRGINIA BEACH, VA 23452	23-2757525		81,305.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
CITIZENS FIRST FIRE TRAINING 481 DOUGLAS AVE CHILICOTHE, OH 45601	85-3051170		78,695.	0.			FIRST RESPONDER TRAINING SUPPORT
POLARIS SALES INC. SDS 12-1922 PO BOX 86 MEDINA, MN 55340	41-1921490		78,257.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
RESCUE 1 116 INTERNATIONAL DRIVE LAWRENCEBURG, TN 38464	99-2775809		78,000.	0.			EQUIPMENT GRANT - FIRE/RESCUE
TAYA AND CHRIS KYLE FOUNDATION 661 E MAIN ST #214 MIDLOTHIAN, TX 76065	92-2477749	501(C)3	75,000.	0.			ALLIANCE SUPPORT - WAR ON TERROR SURVIVORS
THE GRATITUDE INITIATIVE 4601 SAINT AMAND CIRCLESUITE 101 FORT WORTH, TX 76126	46-3306022	501(C)3	75,000.	0.			SCHOLARSHIP ASSISTANCE - VETERANS/DEPENDENTS
BRITE 7647 MAIN STREET FISHERS VICTOR, NY 14564	16-1382350		74,325.	0.			EQUIPMENT GRANT - POLICE DEPT
ESU FIRE DIVISION C/O ESU CORPORATE 11021 KAW DRIVE EDWARDSVILLE, KS 66111	93-3764082		72,830.	0.			EQUIPMENT GRANT - FIRE RESCUE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWTON'S FIRE AND SAFETY EQUIPMENT INC - 2724 DARRELL NEWTON DRIVE - GRAHAM, NC 27253	56-1340046		68,302.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
AMBITEC INC 4045 SHERIDAN AVESUITE 118 MIAMI BEACH, FL 33140	81-4183881		64,787.	0.			EQUIPMENT GRANT - POLICE DEPT
TAYLORD SYSTEMS, LLC 12802 E INDIANA AVE SPOKANE VALLEY, WA 99216-2707	82-1504084		63,850.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
CROSS CHIROPRACTIC 1920 NORTHPOINT BLVD, STE 118 HIXSON, TN 37343	20-4039074		61,761.	0.			CHIROPRACTIC CARE - FIRST RESPONDERS/VETS
MACQUEEN EQUIPMENT LLC 1125 7TH STREET EAST ST PAUL, MN 55106-3900	41-0845185		61,304.	0.			FIRST RESPONDER EQUIPMENT GRANT
FIREMATIC SUPPLY CO, INC PO BOX 187 YAPHANK, NY 11980	11-1972762		58,845.	0.			FIRST RESPONDER EQUIPMENT GRANT
BELLEVUE FIRE FOUNDATION PO BOX 8444 BELLEVUE, WA 98009-0844	85-3767595	501(C)3	56,392.	0.			EQUIPMENT GRANT - FIRE DEPT
SECOND CHANCE CARDIAC SOLUTIONS PO BOX 152 YORKVILLE, IL 60560	46-5605412		52,921.	0.			AED'S FOR SHERIFF'S DEPT.
PROBED MEDICAL USA INC 446 HARRISON ST, STE 83A SUMAS, WA 98295	46-4836796		52,143.	0.			EQUIPMENT GRANT - FIRE/RESCUE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINECOURT LANDSCAPING INC PO BOX 7113890 KIRTLAND ST BURTON, OH 44021-0071	34-1941793		51,338.	0.			EQUIPMENT GRANT - AMERICAN LEGION HALL
ZEIGLER CHEVROLET-SCHAUMBURG LLC 1230 EAST GOLF ROAD SCHAUMBURG, IL 60173	27-3224405		50,250.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
COAST GUARD FOUNDATION INC 394 TAUGWONK ROAD STONINGTON, CT 06378	04-2899862	501(C)3	50,000.	0.			MILITARY ALLIANCE SUPPORT
JF SHEA THERAPEUTIC RIDING CENTER, INC - 26284 OSO ROAD - SAN JUAN CAPISTRANO, CA 92675	95-3351363	501(C)3	50,000.	0.			THERAPEUTIC RIDING/SUPPORT - VETERANS/FAMILIES
THE 9 57 PROJECT PO BOX 355 THE PLAINS, VA 20198	81-1001911	501(C)3	50,000.	0.			GRANT-SUPPORT FOR VETS & STUDENT INTERACTION
HOMMEDICA OSTEONICS CORP 21343 NETWORK PLACE CHICAGO, IL 60673-1213	22-2183590		49,860.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
TI TRAINING LE LLC 16163 W 45TH DRIVEUNIT H GOLDEN, CO 80403	46-4201841		48,400.	0.			FIRST RESPONDER EQUIPMENT GRANT
SIDDONS MARTIN EMERGENCY GROUP, LLC - PO BOX 679827 - DALLAS, TX 75267-9827	27-4333590		46,908.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
MOTOROLA SOLUTIONS, INC - IL 500 W MONROE STREET CHICAGO, IL 60661	36-1115800		45,202.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOLL MEDICAL CORPORATION MA 269 MILL ROAD CHELMSFORD, MA 01824-4105	04-2711626		43,288.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
JEFFERSON FIRE & SAFETY, INC. 7620 DONNA DRIVE MIDDLETON, WI 53562	39-1088512		42,676.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
STRYKER SALES, LLC - MI 1941 STYKER WAY, STE A PORTAGE, MI 49002-9711	22-2183590		42,540.	0.			EQUIPMENT GRANT - FIRE/RESCUE
VICTORY STEEL LLC 313 S DARLINGTON AVE LAMAR, SC 29069	20-1221134		40,579.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
HOWELL RESCUE SYSTEMS INC 2673 CULVER AVE DAYTON, OH 45429-3721	31-1402133		40,480.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
KNIGHTS OF HEROES FOUNDATION 13395 VOYAGER PARKWAYSITE 130 PMB COLORADO SPRINGS, CO 80921	26-0786719	501(C)3	40,000.	0.			REUNION SPONSORSHIP - ALLIANCE SUPPORT
FIRE AND RESCUE PRODUCTS* PO BOX 268 BYRON CENTER, MI 49315	38-2797805		39,570.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
CONWAY SHIELD INC 14100 WEST CLEVELAND AVENUE NEW BERLIN, WI 53151	39-1731610		38,420.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
GREAT WESTERN YAMAHA INC 1787 SALISBURY HIGHWAY STATESVILLE, NC 28677	56-1073341		38,147.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRYKER SALES, LLC - IL 21343 NETWORK PLACE CHICAGO, IL 60673-1213	22-2183590		37,852.	0.			EQUIPMENT GRANT - FIRE/RESCUE
VOLUNTEERS OF AMERICA COLORADO BRANCH - 2660 LARIMER ST - DENVER, CO 80205	84-0430995	501(C)3	35,000.	0.			REUNION SPONSORSHIP - ALLIANCE SUPPORT
SUNBELT FIRE, INC. 8050 MCGOWIN DRIVE FAIRHOPE, AL 36532	63-0885356		34,851.	0.			EQUIPMENT GRANT - FIRE/RESCUE
TRIAD MARINE & INDUSTRIAL SUPPLY, INC - 1155 FM 518 RD. - KEMAH, TX 77565-3130	76-0382278		33,989.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
COASTAL SOLUTIONS INC 10 ALLEN STREETSUITE 3D TOMS RIVER, NJ 08753	22-3110264		33,908.	0.			FIRST RESPONDER EQUIPMENT GRANT
FIRE MASTER FIRE EQUIPMENT INC. 2049 E DIVISION ST SPRINGFIELD, MO 65803	20-2240551		33,874.	0.			FIRST RESPONDER EQUIPMENT GRANT
MYERS SUPPLY INC. PO BOX 2456 BATESVILLE, AR 72501	71-0500163		32,729.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
RESCUE SPECIALISTS LLC 104 SOUTH MAIN STREET SALINA, KS 67401	87-3504949		31,915.	0.			EQUIPMENT GRANT - FIRE/RESCUE
ZOLL MEDICAL CORPORATION NY PO BOX 27028 NEW YORK CITY, NY 10087-7028	04-2711626		31,718.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGE WIDOWERS INC 12195 HWY 92, STE 114 WOODSTOCK, GA 30188-3603							SUPPORT FOR FIRST RESPONDER/VET WIDOWERS
92-0666489	501(C)3	31,500.	0.				
IDEMIA IDENTITY AND SECURITY USA LLC - PO BOX 23496 - NEW YORK, NY 10087-3496							FIRST RESPONDER EQUIPMENT GRANT
27-4388807		31,407.	0.				
INTERSTATE 69 MARINE 1704 WEST MAIN STREET UNION CITY, TN 38261							EQUIPMENT GRANT - FIRE DEPARTMENT
85-1883898		30,968.	0.				
2-WAY COMMUNICATIONS SERVICE INC 19 DURHAM STREET PORTSMOUTH, NH 03801							EQUIPMENT GRANT - WAKEFIELD POLICE
02-0263633		30,635.	0.				
ARMY NURSE CORPS ASSOCIATION 8000 IH-10 WEST, SUITE 600 SAN ANTONIO, TX 78230							SPONSOR 125-YR ARMY NURSE EVENT
74-1932584	501(C)19	30,000.	0.				
HOPE FOR THE WARRIORS MSC 7613PO BOX 41500 NASHVILLE, TN 37241							FOOD DISTRIBUTION PROGRAM SUPPORT
20-5182295	501(C)3	30,000.	0.				
DANCING ANGELS INC PO BOX 352 AUTRYVILLE, NC 28318							DANCE SCHOLARSHIPS - FAMILIES OF FALLEN
47-1445419	501(C)3	30,000.	0.				
CARDIAC SOLUTIONS LLC 2013 SPRINGHILL CT BIRMINGHAM, AL 35242							MEDICAL EQUIPMENT GRANT
46-2615941		29,196.	0.				
CASCO INDUSTRIES, INC. PO BOX 8007 SHREVEPORT, LA 71148-8007							EQUIPMENT GRANT - FIRE DEPARTMENT
72-0698936		29,076.	0.				

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CPAT DISTRIBUTION INC 24635 1ST AVENUE MURRIETA, CA 92562-6208	95-4818398		28,723.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
MIDWEST RESCUE PRODUCTS INC. 10944 THWING RD CHARDON, OH 44024	55-0884577		28,703.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
SPARTAN FIRE AND EMERGENCY APPARATUS INC - 2497 NAZARETH RD - WELLFORD, SC 29385	20-8202210		28,219.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
COMMUNICATIONS ASSOCIATES 3343 S SCENIC AVE SPRINGFIELD, MO 65807	43-1288310		26,709.	0.			FIRST RESPONDER EQUIPMENT GRANT
COAST BIOMEDICAL EQUIPMENT LLC 3121 SCOTT STREET VISTA, CA 92081	46-2897836		25,218.	0.			FIRST RESPONDER EQUIPMENT GRANT
NAPECO PO BOX 2928 DECATUR, AL 35602	63-0725655		25,089.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
AMERICAN LEGION PITTELERE-BEAUDOIN POST 189 - 491 WEST BROADWAY STREET - WATERTOWN, WI 53094	04-6189379	501(C)19	25,000.	0.			SUPPORT VIETNAM MEMORIAL WALL
AMWRF-CORPORATE SPONSORSHIP & ADVERTISING - PO BOX 340309 - SAN ANTONIO, TX 78234	54-1919272	GOVT	25,000.	0.			SPONSOR - DOD WARRIOR GAMES
FDNY FOUNDATION 9 METROTECH CENTER RM 5E-6 BROOKLYN, NY 11201	11-2632404	501(C)3	25,000.	0.			SUPPORT FOR FDNY FIREFIGHTERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOX BRAVO OVERLAND INC 1150 S BELL BLVD BLDG 5 CEDAR PARK, TX 78613	33-2291012	501(C)3	25,000.	0.			ALLIANCE SUPPORT
FRIENDS OF FLIGHT 93 NATIONAL MEMORIAL - P.O. BOX 911 - SHANKSVILLE, PA 15560	27-0505853	501(C)3	25,000.	0.			ALLIANCE SUPPORT
PALM SPRINGS AIR MUSEUM INC 745 N GENE AUTRY TRAIL PALM SPRINGS, CA 92262	33-0615350	501(C)3	25,000.	0.			ALLIANCE SUPPORT - EDUCATING YOUTH
THE VETERANS AFIELD FOUNDATION 129 SNOW ROAD BRIDGEWATER, ME 04735	82-2656112	501(C)3	25,000.	0.			COMBAT VETERAN ALLIANCE SUPPORT
EARTHSPIRITS NET INC 179 RT 46 WESTSTE 15-278 ROCKAWAY, NJ 07866	37-1496238		24,957.	0.			FIRST RESPONDER EQUIPMENT GRANT
AXON ENTERPRISE, INC 17800 N 85TH ST SCOTTSDALE, AZ 85255	86-0741227		24,928.	0.			EQUIPMENT GRANT - POLICE DEPT
NEW JERSEY FIRE EQUIPMENT CO 119-131 ROUTE 22 EAST GREEN BROOK, NJ 08812	22-2690032		24,681.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
NOCTURNALITY LLC 302 WILSON DOWNING ROAD LEXINGTON, KY 40517	84-3181478		24,442.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
FORGE FIRE & COMPANY LLC 4632 TENSWEET NEW ALBANY, OH 43054	87-1283950		24,100.	0.			EQUIPMENT GRANT - FIRE/RESCUE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTOROLA SOLUTIONS INC. 13104 COLLECTIONS CENTER DR. CHICAGO, IL 60693	36-1115800		23,232.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
SPLASH WATER SPORTS INC 2905 BANKSVILLE RD PITTSBURGH, PA 15216	25-1715668		22,702.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
FIREPENNY 8940 W 192ND STREETSUITE J MOKENA, IL 60448	20-8082873		21,668.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
FLOCK GROUP INC PO BOX 121923 DALLAS, TX 75312-1923	82-0594875		21,500.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
INTERSTATE 69 MOTORSPORTS 1703 W MAIN STREET UNION CITY, TN 38261	85-1883898		21,262.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
TENNESSEE ASSOCIATION OF ALCOHOL, DRUG, AND OTHER ADDICTION SERVICES - PO BOX 72 - NASHVILLE, TN 37217	81-3272663	501(C)3	20,800.	0.			SUICIDE PREVENTION TRAINING SUPPORT
EXTRICATION CONCEPTS INC PO BOX 599 WORCESTER, NY 12197	20-5030079		20,357.	0.			FIRST RESPONDER EQUIPMENT GRANT
LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREETSUITE 960 LOS ANGELES, CA 90071	95-4700442	501(C)3	20,000.	0.			FIRST RESPONDER SUPPORT
OPERATION MEATBALL PO BOX 700182 SAN ANTONIO, TX 78270	82-3601318	501(C)3	20,000.	0.			ALLIANCE SUPPORT - EDUCATING YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVETS 1123 12TH AVE S NASHVILLE, TN 37203	46-3617663	501(C)3	20,000.	0.			MUSIC THERAPY - VETERANS
ROCK HILL POWERSPORTS 1195 STONECREST BLVD TEGA CAY, SC 29708	20-2608405		19,519.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
HARD HEAD VETERANS 2500 W BROADWAY ST SWEETWATER, TX 79556	82-3439781		19,206.	0.			FIRST RESPONDER EQUIPMENT GRANT
ENTERPRISE UAS, LLC DBA DSLRPROS 19850 NORDHOFF PL CHATSWORTH, CA 91311	47-5565497		18,375.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
BK TECHNOLOGIES, INC 7100 TECHNOLOGY DR W MELBOURNE, FL 32904-1525	59-3486297		18,310.	0.			EQUIPMENT GRANT - FIRE DEPT
BEECH LAKE MARINE, INC 105 SEA HORSE DR LEXINGTON, TN 38351	62-1571338		18,010.	0.			BOAT GRANT - FIRE DEPARTMENT
EAGLE SOCIETY 1250 LEWISBURG PIKE FRANKLIN, TN 37064	99-3123437	501(C)3	17,500.	0.			VIETNAM IMPACT SUPPORT
ONE BOAT RESCUE BOATS 13481 HIGHWAY 31 ATHENS, AL 35611	20-2306916		16,359.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
J&N ELECTRONICS INCORPORATED PO BOX 217 CARROLLTON, KY 41008-0217	47-3437577		16,298.	0.			FIRST RESPONDER EQUIPMENT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ROMY AND GABY SCI FOUNDATION INC. ATTN: STAY IN STEP 13085 TELECOM PK TEMPLE TERRACE, FL 33637	46-4437170	501(C)3	15,000.	0.			BRAIN INJURY SUPPORT	
CONNECT 2 IT 3640 E PARADISE DRIVE PHOENIX, AZ 85028	83-4274375		15,000.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT	
HAMBURGER HILL CHAPTER 630 WAVERLY AVE WASHINGTON COURT HOUSE, OH 43160	22-2402846	501(C)19	15,000.	0.			REUNION GRANT - SOLDIER SPONSORSHIP	
OLD SOUTH F.O.O.L.S. INC. 7 CR 276 GLEN, MS 38846	99-4355611	501(C)3	15,000.	0.			TRAINING SUMMIT SUPPORT - VETERANS	
101ST AIRBORNE DIVISION ASSOCIATION - 32 SCREAMING EAGLE BLVD/PO BOX 929 - FORT CAMPBELL, KY 42223	75-1094916	501(C)19	15,000.	0.			REUNION SPONSORSHIP - ALLIANCE SUPPORT	
NY FIRE EQUIPMENT LLC P.O. BOX 1926 NEW CITY, NY 10956-8526	46-2083138		14,736.	0.			FIRST RESPONDER EQUIPMENT GRANT	
DINGES FIRE COMPANY LLC 243 E. MAIN ST AMBOY, IL 61310	82-4485864		14,313.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT	
AVIVE SOLUTIONS INC 185 VALLEY DRIVE BRISBANE, CA 94005-1340	82-1022669		14,256.	0.			FIRST RESPONDER EQUIPMENT GRANT	
SENTINEL EMERGENCY SOLUTIONS, LLC 2900 TELEGRAPH ROAD ST LOUIS, MO 63125	26-2250014		14,157.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELL MARKETING LP P.O. BOX 676021 DALLAS, TX 75267-6021	74-2616805		14,154.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
FIRESLIED FITNESS AND TRAINING 4630 LAKE INDUSTRIAL BOULEVARD TAVARES, FL 32778	81-1976041		13,825.	0.			FIRST RESPONDER EQUIPMENT GRANT
10 8 VIDEO LLC PO BOX 427 FAYETTEVILLE, TN 37334	47-1437421		13,008.	0.			GRANT - PARKER CITY IN POLICE DEPT.
HEAVEN ON GREEN INC 252 ADELAIDE PL MUNSTER, IN 46321	81-2549520		12,800.	0.			LANSING VIETNAM VET MEMORIAL REPAIR
GARRISON FIRE AND RESCUE CORP 3334 NEW YORK 23A PALENVILLE, NY 12463-0030	22-3711569		12,733.	0.			FIRST RESPONDER EQUIPMENT GRANT
WEIS FIRE AND SAFETY EQUIPMENT LLC 111 E PACIFIC AVE SALINA, KS 67401	84-2019076		12,224.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
CAMP 4 HEROES - NC P.O. BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)3	12,000.	0.			POST-TRAUMATIC STRESS TREATMENT
VALOR PARTNERS FOUNDATION 13725 METCALF AVENUE #364 OVERLAND PARK, KS 66223	45-4785558	501(C)3	12,000.	0.			SCHOLARSHIP ASSISTANCE - FAMILIES OF FALLEN
HIMSS NCA 1 SCOTT CIRCLE, NW #9 WASHINGTON, DC 20036	36-4432115	501(C)6	12,000.	0.			VETERAN SUPPORT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPPER COLLAR GROUP LLC 4083 CEDAR POINT RD LAKELAND, TN 38002	85-4054869		11,990.	0.			UNDERWATER SONAR TRAINING
THE PUBLIC SAFETY STORE LLC 2009 FAMILY CIR STE 3 LEXINGTON, KY 40505	26-3919496		10,879.	0.			FIRST RESPONDER EQUIPMENT GRANT
CPL HUMBERTO SANCHEZ MEMORIAL FOUNDATION - 2215 OTTO STREET - LOGANSFORT, IN 46947	33-2792553	501(C)3	10,000.	0.			MILITARY ALLIANCE SUPPORT
EXPEDITION ORANGE 502 WEST 7TH STREETSUITE 100 ERIE, PA 16502	81-4984142	501(C)3	10,000.	0.			VIETNAM VETERAN SUPPORT
FLAGS FOR VETS, INC. PO BOX 1348 AUBURN, AL 36831	82-0771399	501(C)3	10,000.	0.			MEDAL OF HONOR RECIPIENTS SUPPORT
GILCHRIST HOSPICE CARE, INC 11311 MCCORMICK ROADSUITE 350 COCKEYSVILLE, MD 21031	52-1851251	501(C)3	10,000.	0.			VIETNAM VETERAN SUPPORT - HOSPICE CARE
LEGENDS LIVE FOREVER 6371 HAVEN AVE. STE 3-299 RANCHO CUCAMONGA, CA 91737	93-2674856	501(C)3	10,000.	0.			ABBAY GATE FAMILY FNDIN SUPPORT
SGT NICOLE GEE MEMORIAL FOUNDATION 9631 BURNET ISLE DRIVE DAYTON, OH 45458	93-4184704	501(C)3	10,000.	0.			ABBAY GATE FAMILY FOUNDATION SUPPORT
SSGT DARIN TAYLOR HOOVER MEMORIAL CORP - 229 MARY ALICE COVE - CRAWFORDSVILLE, AR 72327	88-2420787	501(C)3	10,000.	0.			ALLIANCE SUPPORT - VETERAN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
STOCKINGS FOR A CAUSE INC 432 B 139TH ST ROCKAWAY PARK, NY 11694	93-3536299	501(C)3	10,000.	0.			ALLIANCE SUPPORT - WIDOWS OF HEROES	
THE FREEDOM 13 552 ELM CREEK DR WENTZVILLE, MO 63385	87-4691628	501(C)3	10,000.	0.			ABBAY GATE FAMILY SCHOLARSHIP SUPPORT	
THE RESPECT AND REMEMBER FOUNDATION INC - 8108 BAYSHORE DRIVE - SEMINOLE, FL 33776	92-0748684	501(C)3	10,000.	0.			ALLIANCE SUPPORT-FAMILIES OF FALLEN	
TRAVIS MILLS FOUNDATION 647 CASTLE ISLAND ROAD MOUNT VERNON, ME 04352	46-4239670	501(C)3	10,000.	0.			ALLIANCE SUPPORT - POST-TRAUMATIC GROWTH	
WILLIAMSON COUNTY AFRICAN AMERICAN VETERANS FOUNDATION, INC. - WILLIAMSON CHAMBER - FRANKLIN, TN 37064	99-2643671	501(C)3	10,000.	0.			MENTAL WELLNESS SUPPORT	
AUSTIN POLICE BENEVOLENT FOUNDATION - 5817 WILCAB ROAD - AUSTIN, TX 78721	26-1125268	501(C)3	10,000.	0.			FIRST RESPONDER SUPPORT	
NATURAL STONE INSTITUTE 380 EAST LORAIN STREET OBERLIN, OH 44074	38-2817639	501(C)6	10,000.	0.			ALLIANCE GRANT - RISE HOME GRANITE PROVIDER	
LIFE ASSIST INC 11277 SUNRISE PARK DRIVE RANCHO CORDOVA, CA 95742-6528	94-2440500		9,998.	0.			FIRST RESPONDER EQUIPMENT GRANT	
ALL AMERICAN FIRE EQUIPMENT INC PO BOX 146 ONA, WV 25545	31-1381503		9,973.	0.			GRANT FOR FIRE SUPPRESSION EQMT	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE DIRECT 496 GALLIMORE DAIRY ROADSUITE D GREENSBORO, NC 27409	56-0961953		9,446.	0.			EQUIPMENT GRANT - FIRE/RESCUE
METANOIA FILMS, LLC 805 WEST MANCHESTER AVENUESUITE 55 PLAYA DEL REY, CA 90293	20-3059595		8,312.	0.			PTSD/PTSG SUPPORT
THE AED STORE LLC PO BOX 145 FATE, TX 75132	93-3096889		8,225.	0.			EQUIPMENT GRANT - SHERIFF'S DEPARTMENT
RESCUE ESSENTIALS - GA P.O. BOX 749053 ATLANTA, GA 30374-9053	26-3669072		7,827.	0.			EQUIPMENT GRANT - FIRE/RESCUE
THE BRUCE CONVENTION CENTER 303 CONFERENCE CENTER DRIVE HOPKINSVILLE, KY 42240	61-1373921		7,500.	0.			MILITARY SUPPORT ALLIANCE
FIREFIGHTERAID 10509 SAN DIEGO MISSION ROAD, SUITE SAN DIEGO, CA 92114	33-6091348	501(C)3	6,802.	0.			FEEDING HEROES - FIREFIGHTERS
BIOMEDIX MEDICAL INC PO BOX 457 AYONDALE, PA 19311	20-1870597		6,715.	0.			MEDICAL EQUIPMENT GRANT
MATNEY ENTERPRISES INC 246 LOCUST GROVE ROAD GREENSBURG, KY 42743	61-1440848		6,623.	0.			EQUIPMENT GRANT - FIRE DEPARTMENT
WILLIAMSON COUNTY FAIR ASSOCIATION INC - P.O. BOX 329 - FRANKLIN, TN 37065	81-0644815	501(C)3	6,500.	0.			MILITARY FAMILY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREUDENBURG TOOLS INC 82861 547TH AVE MADISON, NE 68748	20-5810276		6,250.	0.			FIRST RESPONDER EQUIPMENT GRANT
GALLS LLC 1340 RUSSELL CAVE ROAD LEXINGTON, KY 40505	20-3545989		6,242.	0.			FIRST RESPONDER EQUIPMENT GRANT
NORTH AMERICAN RESCUE, LLC PO BOX 360320 PITTSBURGH, PA 15251-6320	27-1030140		6,034.	0.			FIRST RESPONDER EQUIPMENT GRANT
PME BOOSTER CLUB 6167 DOOLITTLE AVE JBER, AK 99506	33-1390653	501(C)3	6,000.	0.			USAF STUDENT SUPPORT
GLOBAL TEST SUPPLY LLC 312 RALEIGH STSUITE 9 WILMINGTON, NC 28412	56-2435649		5,898.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
TOP TIER TACTICAL SURVIVAL AND OUTDOORS - 2412 SOUTH DOUGLAS BOULEVARD - MIDWEST CITY, OK 73130	46-5139264		5,862.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
INNOCORP LTD PO BOX 930064 VERONA, WI 53593	39-1851710		5,556.	0.			EQUIPMENT GRANT - POLICE DEPARTMENT
FIRE SAFETY USA 3253 19TH ST NW STE 4 ROCHESTER, NY 55901	20-3378868		5,440.	0.			FIRST RESPONDER EQUIPMENT GRANT
EUGENE WELDERS SUPPLY CO DBA NATIONAL FIR - 4280 W 11TH AVE - EUGENE, OR 97402	93-0366767		5,213.	0.			FORESTRY EQUIPMENT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURLBURT FIELD TOP III PO BOX 7 MARY ESTHER, FL 32569	59-3513600	501(C)3	5,200.	0.			ALLIANCE SUPPORT - AIRMEN OF THE YEAR
BENDER COMMUNICATIONS, INC 1541 HARDING HIGHWAY E. MARION, OH 43302	34-1752485		5,100.	0.			EQUIPMENT GRANT - POLICE DEPT
BOSS CARGO TRAILERS 708 MADISON AVE S DOUGLAS, GA 31533	87-3352212		5,093.	0.			EQUIPMENT GRANT - FIRE DEPT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	1028	1,802,786.	0.		
PURCHASED ADAPTIVE VEHICLES	28	0.	1,439,902.	PURCHASE PRICE W/DEL	ADAPTIVE VEHICLES
PURCHASED MOBILITY ASSISTANCE DEVICES	30	0.	354,349.	PURCHASE PRICE W/DEL	MOBILITY DEVICES--SCOOTERS, POWERED WHEELCHAIRS, HOISTS,
HOME MODIFICATIONS	58	2,592,747.	0.		
FAMILY OF THE FALLEN - SUPPORTIVE GRANTS BY FAMILY	244	610,000.	0.		

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

PART I, LINE 2:

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

SCHEDULE J
(Form 990)

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

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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.

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

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

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

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

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1b X

2 X

--	--	--

4a X

4b X

4c X

--	--	--

5a X

5b X

--	--	--

6a X

6b X

--	--	--

7 X

8 X

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9

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONNA MERCIER EXECUTIVE DIRECTOR	(i) 402,063. (ii) 0. (iii)	85,000. 0. (ii)	0. 0. (iii)	11,817. 0. (i)	27,170. 0. (ii)	526,050. 0. (i)	0. 0. (ii)
(2) JAMES RAVELLA EXECUTIVE VICE PRESIDENT	(i) 340,972. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	8,470. 0. (i)	27,170. 0. (ii)	376,612. 0. (i)	0. 0. (ii)
(3) CRISTIN KAMPSNIDER SENIOR VICE PRESIDENT - MARCOMMS	(i) 249,751. (ii) 0. (iii)	34,662. 0. (ii)	0. 0. (iii)	6,729. 0. (i)	15,447. 0. (ii)	306,589. 0. (i)	0. 0. (ii)
(4) BARBARA TITUS SENIOR VP - OPERATIONS/FINANCE	(i) 250,102. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	6,874. 0. (i)	16,419. 0. (ii)	273,395. 0. (i)	0. 0. (ii)
(5) SARAH HOLLIS VICE PRESIDENT - PHILANTHROPY	(i) 230,727. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	6,917. 0. (i)	27,170. 0. (ii)	264,814. 0. (i)	0. 0. (ii)
(6) ELIZABETH DOLAN SENIOR DIR. - PHILANTHROPIC GIVING	(i) 209,311. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	6,265. 0. (i)	19,382. 0. (ii)	234,958. 0. (i)	0. 0. (ii)
(7) GILBERT BOSWORTH VICE PRESIDENT - PROGRAMS	(i) 176,945. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	5,293. 0. (i)	27,170. 0. (ii)	209,408. 0. (i)	0. 0. (ii)
(8) ROBERT GEORGE VICE PRESIDENT - OUTREACH	(i) 163,649. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	4,907. 0. (i)	27,170. 0. (ii)	195,726. 0. (i)	0. 0. (ii)
(9) LAURA KRIEGER SR. DIR. - PHILANTHROPIC STRATEGY	(i) 166,283. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	4,978. 0. (i)	17,543. 0. (ii)	188,804. 0. (i)	0. 0. (ii)
(10) CHRISTINA KREISEL SR. DIRECTOR - CORP/COMM RELATIONS	(i) 174,808. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	2,621. 0. (i)	9,444. 0. (ii)	186,873. 0. (i)	0. 0. (ii)
(11) MEGAN RIEL SALESFORCE MANAGER	(i) 151,114. (ii) 0. (iii)	0. 0. (ii)	0. 0. (iii)	4,532. 0. (i)	2,028. 0. (ii)	157,674. 0. (i)	0. 0. (ii)
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						

Part III Supplemental Information

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

PART I, LINE 1A:

THE GSF BOARD OF DIRECTORS APPROVED A ONE-TIME GROSSED-UP BONUS PAYMENT, STRUCTURED TO COVER APPLICABLE TAXES, FOR CRISTIN KAMPSNIDER IN RECOGNITION OF HER EXCEPTIONAL EFFORTS AND SUCCESS MANAGING ONGOING PROGRAMMING THROUGH A DIFFICULT PERSONNEL TRANSITION DURING THE YEAR.

Area for supplemental information with multiple horizontal lines.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

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

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2025

Open to Public
Inspection

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	125	5,008,548.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
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	268	4,570,618.	COMPARABLE SALES
26 Other (EVENTS - SUPPLI)	X	16	552,540.	COMPARABLE SALES
27 Other ()				
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2025 Created 12/29/25

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, PART I, LINE 32B:

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

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT, ENTERTAIN, AND HELP THEM
IN THEIR GREATEST TIME OF NEED THROUGH BUILDING COMMUNITIES OF SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2025, THE FOUNDATION HOSTED 2,545 CHILDREN AND SURVIVING SPOUSES OF
FALLEN HEROES AT TWO SNOWBALL EXPRESS ANNUAL EVENTS (ONE FOR MILITARY
FALLEN AND ONE FOR FIRST RESPONDER FALLEN FAMILIES) AND 5,060 ATTENDEES
AT INTIMATE COMMUNITY EVENTS TO ENGAGE FAMILIES OF THE FALLEN HEROES
YEAR-ROUND AND NATIONWIDE. THROUGH WORKSHOPS AND CURATED TRIPS, GSF
BRINGS TOGETHER FAMILIES OF FALLEN HEROES TO CONNECT, HAVE FUN, AND
ACCESS VALUABLE RESOURCES IN A STRESS-FREE ENVIRONMENT. EACH EVENT
FOSTERS HEALING, PERSONAL GROWTH, MEANINGFUL FRIENDSHIPS, AND LASTING
MEMORIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THIS YEAR, 27 SPECIALLY ADAPTED VEHICLES, 27 MOBILITY DEVICES, AND 50
HOME MODIFICATIONS WERE COMPLETED FOR THESE HEROES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PAIRING WITH 98 STUDENTS LEARNING FIRST-HAND FROM THESE HEROES. GSF IS
COMMITTED TO EDUCATING THE NEXT GENERATION BY BRINGING STUDENTS TO
EXPERIENCE THREE MEMORIAL SITES OF SEPTEMBER 11, 2001, ALONGSIDE THE
HEROES AND FAMILY MEMBERS WHO WERE DIRECTLY IMPACTED. THESE INSPIRING
TRIPS BRIDGE THE GAP BETWEEN THOSE WHO SERVE AND THE NEXT GENERATION OF
AMERICANS. 2,024 STUDENTS ATTENDED AN EDUCATION EVENT THIS YEAR.
EDUCATING OUR YOUTH ABOUT 9/11 ENSURES THAT THE BRAVERY, SACRIFICE, AND
UNITY SHOWN ON ONE OF OUR NATION'S DARKEST DAYS ARE NEVER FORGOTTEN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GARY SINISE & THE LT. DAN BAND ("LTDB"): A DELAWARE LIMITED LIABILITY
COMPANY, IS 100% OWNED BY GSF AND WAS FORMED IN MARCH 2011. ITS
PROCEEDS HELP SUPPORT GSF'S MISSION. GARY SINISE & THE LT. DAN BAND
BRING HONOR, GRATITUDE, AND ROCK & ROLL THROUGH THEIR EXHILARATING
PERFORMANCES TO OUR NATION'S SERVICE MEMBERS, VETERANS, FIRST
RESPONDERS, AND THEIR FAMILIES ACROSS THE WORLD. WHETHER BOOSTING
MORALE ON MILITARY BASES BOTH AT HOME AND ABROAD OR RAISING AWARENESS
AND FUNDING THROUGH BENEFIT CONCERTS, THE BAND ENTERTAINS, EDUCATES,
INSPIRES, AND BUILDS COMMUNITIES WITH ITS EXPLOSIVE LIVE SHOW. THIS
YEAR, THE LTDB PERFORMED 32 CONCERTS THROUGHOUT THE U.S. AND
ENTERTAINED 90,750 PARTICIPANTS.

FIRST RESPONDER COMMUNITIES: GSF PROVIDES EQUIPMENT, TRAINING, AND
WELLNESS GRANTS TO ENSURE OUR FIREFIGHTERS, POLICE, AND EMTS NATIONWIDE
HAVE THE CORRECT TOOLS NEEDED TO PERFORM TO THE BEST OF THEIR
ABILITIES. 149 FIRST RESPONDER GRANTS AND 3,099 PIECES OF EQUIPMENT
WERE DEPLOYED FOR DEPARTMENTS IN NEED. GSF ALSO PROVIDES REAL-TIME
SUPPORT AND RESOURCES TO FIRST RESPONDERS IN TIMES OF NATURAL DISASTER.
FOLLOWING THESE EVENTS, GSF AIDS LOCAL VETERANS, FIRST RESPONDERS, AND
THEIR FAMILIES AS THEY REBUILD THEIR LIVES. WHEN A FIRST RESPONDER HERO
FALLS IN THE LINE OF DUTY, GSF PROVIDES FINANCIAL ASSISTANCE TO THEIR
FAMILY, ALLOWING THE LOVED ONES LEFT BEHIND TO FOCUS ON WHAT IS MOST

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

IMPORTANT: EACH OTHER. MORE THAN \$595,000 WAS PROVIDED TO FAMILIES IN NEED IN FISCAL YEAR 2025.

EXPENSES \$ 12,105,574. INCLUDING GRANTS OF \$ 4,884,426. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:
 THE FOUNDATION'S SOLE MEMBER IS GARY SINISE.

FORM 990, PART VI, SECTION A, LINE 7A:
 THE SOLE MEMBER HAS THE RIGHT TO APPOINT THE MEMBERS OF THE FOUNDATION'S GOVERNING BODY. THE FULL BOARD ACKNOWLEDGES THE APPOINTMENT OF ALL NEWLY APPOINTED BOARD OF DIRECTORS. THE APPOINTMENT OF A DIRECTOR FOR A SECOND, THIRD, AND/OR FOURTH CONSECUTIVE TERM ALSO REQUIRES THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL DIRECTORS THEN IN OFFICE IN ORDER TO BE EFFECTIVE.

FORM 990, PART VI, SECTION A, LINE 7B:
 CERTAIN GOVERNANCE DECISIONS OF THE FOUNDATION ARE RESERVED TO ITS SOLE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:
 FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR, SENIOR VICE PRESIDENT OF OPERATIONS OR ACTING CFO, SECRETARY, AND LEGAL COUNSEL. THE RETURN IS THEN PROVIDED TO THE AUDIT COMMITTEE BEFORE FINAL FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
 ALL INTERESTED PERSONS MUST DISCLOSE TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER ALL FINANCIAL INTERESTS AND BOARD MEMBERSHIPS AND ALL MATERIAL FACTS RELATING TO ANY ORGANIZATION ENTERING INTO A TRANSACTION OR ARRANGEMENT WITH THE FOUNDATION WHICH MAY RESULT IN A CONFLICT OF INTEREST. ANNUALLY THE BOARD OF DIRECTORS RECEIVE AN ANNUAL CONFLICT OF INTEREST POLICY AFFIRMATION AND DISCLOSURE STATEMENT. EACH BOARD MEMBER IS REQUIRED TO SIGN AND RETURN TO THE FOUNDATION THE ACKNOWLEDGEMENT AND CERTIFICATION.

FORM 990, PART VI, SECTION B, LINE 15:
 THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

FORM 990, PART VI, SECTION C, LINE 18:
 THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:
 AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG.

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

CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	110,799.
MANAGEMENT AND GENERAL EXPENSES	3,038.
FUNDRAISING EXPENSES	2,270.
TOTAL EXPENSES	116,107.

RECRUITMENT SERVICES:	
PROGRAM SERVICE EXPENSES	11,491.
MANAGEMENT AND GENERAL EXPENSES	316.

SCHEDULER
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**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.

[illegible]

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.

[illegible]

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

1f		
1g		
1h		
1i		
1j		

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

1k		
1l		
1m		
1n		
1o		

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

1p		
1q		

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

1r		
1s		

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

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

Part VII Supplemental Information

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

[illegible]