

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GARY SINISE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 21700 OXNARD STREET 570 City or town, state or province, country, and ZIP or foreign postal code WOODLAND HILLS, CA 91367 F Name and address of principal officer: MIKE THIRTLE SAME AS C ABOVE	D Employer identification number 80-0587086 E Telephone number 310-477-3924 G Gross receipts \$ 55,346,237. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GARYSINISEFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2010		M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AT THE GARY SINISE FOUNDATION, WE SERVE OUR NATION BY HONORING OUR DEFENDERS, VETERANS, FIRST 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 48 6 Total number of volunteers (estimate if necessary) 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		41,945,996.	48,441,737.
9 Program service revenue (Part VIII, line 2g)		83,250.	18,500.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		749,449.	321,878.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		129,833.	85,701.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,908,528.	48,867,816.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,974,862.	13,082,874.
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)		4,193,123.	4,382,845.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,957,411.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,798,064.	21,599,163.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,966,049.	39,064,882.
19 Revenue less expenses. Subtract line 18 from line 12		3,942,479.	9,802,934.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		51,598,916.	61,399,972.
21 Total liabilities (Part X, line 26)		3,129,143.	1,658,995.
22 Net assets or fund balances. Subtract line 21 from line 20		48,469,773.	59,740,977.

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 MIKE THIRTLE , CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LIOR TEMKIN	Preparer's signature
	Firm's name ▶ SINGERLEWAK LLP	Date 11/15/21
	Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783	Check <input type="checkbox"/> if self-employed PTIN P00748170
		Firm's EIN ▶ 95-2302617
		Phone no. (310) 477-3924

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AT THE GARY SINISE FOUNDATION, WE SERVE OUR NATION BY HONORING OUR DEFENDERS, VETERANS, FIRST RESPONDERS, THEIR FAMILIES, AND THOSE IN NEED. WE DO THIS BY CREATING AND SUPPORTING UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUCATE, INSPIRE, STRENGTHEN, AND BUILD COMMUNITIES.

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

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

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

4a (Code:) (Expenses \$ 15,767,214. including grants of \$ 533,380.) (Revenue \$) THROUGH OUR R.I.S.E (RESTORING INDEPENDENCE, SUPPORTING EMPOWERMENT) PROGRAM WE'RE CONSTRUCTING ONE-OF-A-KIND SPECIALLY ADAPTED SMART HOMES FOR OUR NATION'S MOST SEVERELY WOUNDED HEROES. THIS INITIATIVE PREDOMINANTLY SUPPORTS OUR POST 9/11 DEFENDERS, THAT WERE INJURED IN COMBAT OPERATIONS OR DURING TRAINING WHILE PERFORMING THEIR DUTIES. THESE 100% MORTGAGE-FREE HOMES EASE THE DAILY CHALLENGES FACED BY THESE HEROES AND THEIR FAMILIES WHO SACRIFICE ALONGSIDE THEM. DURING THE FISCAL YEAR, THE GARY SINISE FOUNDATION CONSTRUCTED 8 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION HAD COMPLETED 68 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION. IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED WITH 8 ADAPTED VEHICLES, 7 MOBILITY DEVICES, AND 12

4b (Code:) (Expenses \$ 12,253,553. including grants of \$ 8,991,908.) (Revenue \$) RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, WOUNDED/ILL/INJURED VETERANS, THEIR LOVED ONES AND GOLD STAR FAMILIES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER 359 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 9 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM THE VIETNAM AND KOREAN WARS. 1 INVINCIBLE SPIRIT FESTIVAL WAS HOSTED AT A MILITARY MEDICAL CENTER IN SAN DIEGO, CA WITH OVER 3,000 ATTENDEES CELEBRATING OUR WOUNDED HEROES WITH THEIR FAMILIES, CAREGIVERS AND MILITARY MEDICALSTAFF. THIS EVENT INCLUDED A LIVE LT DAN BAND CONCERT, A FAIR]LIKE ATMOSPHERE FOR CHILDREN AND A DELICIOUS MEAL PREPARED BY A CELEBRITY CHEF. IN 2020 THE FOUNDATION HOSTED 3,355 GOLD

4c (Code:) (Expenses \$ 3,478,184. including grants of \$ 2,096,314.) (Revenue \$) COMMUNITY OUTREACH AND EDUCATION PIVOTED IN 2020 TO BRING JOY & RELIEF TO SO MANY ACROSS THE COUNTRY. IN 2020, THE PROGRAM PROVIDED 210 CARE PACKAGES TO WWII VETERANS ACROSS THE COUNTRY. THE PROGRAM ALSO DOCUMENTED 56 ORAL HISTORY STORIES FROM WWII VETERANS IN THEIR HOMES VIA VIDEO CALLING AND ANALYZED OVER 400 RECORDED STORIES TO FORMAT THEM FOR VISITOR USAGE BY SPONSORING A HISTORIAN FROM THE MUSEUM. 155,538 ACTIVE DUTY AND VETERANS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AT MAJOR TRAVEL HUBS AND MILITARY VENUES ALL ACROSS THE NATION THROUGH SERVING HEROES. IN 2020, WE PIVOTED TO 2 SUPPORT THE NATIONFS HEALTHCARE WORKERS BATTLING COVID-19 BY PROVIDING 44,024 MEALS TO HOSPITALS ALL OVER THE COUNTRY. THE FOUNDATION HAS ENROLLED 29 AMBASSADORS TO REPRESENT ITS MISSION THROUGH SPEAKING ENGAGEMENTS AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,607,603. including grants of \$ 1,461,272.) (Revenue \$ 101,866.)

4e Total program service expenses 34,106,554.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		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 48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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? If "No" to line 3b, provide an explanation on Schedule O		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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?		
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?	12a	
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.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
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 instructions and file Form 4720, Schedule N.	15	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.	16	X

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SINGERLEWAK LLP - 818-251-1331**
21550 OXNARD STREET, SUITE 1000, WOODLAND HILLS, CA 91367

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBIN RAND CHIEF EXECUTIVE OFFICER	40.00			X			287,500.	0.	2,022.	
(2) ELIZABETH FIELDS CHIEF OPERATING OFFICER	40.00			X			230,000.	0.	28,334.	
(3) JAMES RAVELLA VP OF PROGRAMS	40.00				X		159,198.	0.	18,198.	
(4) RAYMOND SANDS DIRECTOR OF CHAPTER DEVELOPMENT	40.00					X	120,000.	0.	53,872.	
(5) GARY STARR TREASURER	40.00			X			131,843.	0.	27,246.	
(6) HANNAH LUPPINO DIRECTOR OF EVENTS	40.00					X	113,417.	0.	28,242.	
(7) AKWETA BEREAL DIRECTOR OF EXTERNAL RELATIONS	40.00					X	120,278.	0.	12,545.	
(8) RICARDO CHAVIRA SR. DIRECTOR OF MARKETING	40.00					X	117,293.	0.	8,095.	
(9) GARY SINISE CHAIR, PRESIDENT, DIRECTOR	20.00	X		X			0.	0.	0.	
(10) JOHN D HEUBUSCH DIRECTOR/SECRETARY	10.00	X		X			0.	0.	0.	
(11) MOIRA SINISE DIRECTOR	10.00	X					0.	0.	0.	
(12) JIM SHUBERT DIRECTOR	10.00	X					0.	0.	0.	
(13) PASTOR VELASCO DIRECTOR	10.00	X					0.	0.	0.	
(14) VINCENT BROOKS DIRECTOR	10.00	X					0.	0.	0.	
(15) BARBARA TITUS DIRECTOR	10.00	X					0.	0.	0.	
(16) GREGORY D GADSON DIRECTOR	10.00	X					0.	0.	0.	
(17) ANDREW OZUROVICH CFO	10.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							1,279,529.	0.	178,554.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,279,529.	0.	178,554.	

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 **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MACIAS, GINI & O'CONNELL, LLP 3000 S STREET #300, SACRAMENTO, CA 95816	ACCOUNTING SERVICES	184,000.
SEYFARTH SHAW, LLP, 233 S WACKER DRIVE, SUITE 8000, CHICAGO, IL 60606	LEGAL SERVICES	173,159.
KORN FERRY PO BOX 1450, MINNEAPOLIS, MN 55485	RECRUITMENT SERVICES	113,640.

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 **3**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,441,737.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,373,034.					
	h Total. Add lines 1a-1f			48,441,737.				
Program Service Revenue	2 a EVENTS	Business Code	900099	18,500.	18,500.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			18,500.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			556,455.			556,455.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses	7b		6,417,087.			
		c Gain or (loss)	7c		-234,577.			
		d Net gain or (loss)				-234,577.		-234,577.
	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			144,700.				
	b Less: cost of goods sold	10b		61,334.				
	c Net income or (loss) from sales of inventory				83,366.	83,366.		
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	2,335.			2,335.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				2,335.			
12 Total revenue. See instructions				48,867,816.	101,866.	0.	324,213.	

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	9,744,169.	9,744,169.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,338,705.	3,338,705.		
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	884,342.	482,194.	203,306.	198,842.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,959,958.	1,613,939.	680,479.	665,540.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,962.	18,518.	7,808.	7,636.
9 Other employee benefits	213,401.	116,358.	49,060.	47,983.
10 Payroll taxes	291,182.	158,769.	66,941.	65,472.
11 Fees for services (nonemployees):				
a Management				
b Legal	250,385.	145,736.	72,585.	32,064.
c Accounting	232,000.	2,500.	229,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	77,221.		77,221.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,976,812.	3,403,375.	266,655.	306,782.
12 Advertising and promotion	269,269.	1,400.	265,939.	1,930.
13 Office expenses	732,843.	536,221.	98,907.	97,715.
14 Information technology	454,852.	176,239.	160,492.	118,121.
15 Royalties				
16 Occupancy	580,593.	361,691.	110,655.	108,247.
17 Travel	321,072.	169,832.	139,561.	11,679.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	198,645.	191,308.		7,337.
20 Interest	17,661.	6,363.	8,000.	3,298.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	497,703.	271,447.	114,372.	111,884.
23 Insurance	113,546.	82,396.	15,746.	15,404.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION COSTS	11,066,300.	11,066,300.		
b FURNISHINGS	1,882,148.	1,882,148.		
c MERCHANDISE FEES	442,949.	49,156.	330,126.	63,667.
d TAXES AND LICENSES	123,159.	109,712.	12,195.	1,252.
e All other expenses SEE SCH O	362,005.	178,078.	91,369.	92,558.
25 Total functional expenses. Add lines 1 through 24e	39,064,882.	34,106,554.	3,000,917.	1,957,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	13,114,135.	1	10,615,719.	
	2 Savings and temporary cash investments	14,148,864.	2	23,087,637.	
	3 Pledges and grants receivable, net	2,762,453.	3	5,986,369.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	179,155.	8	220,904.	
	9 Prepaid expenses and deferred charges	331,583.	9	452,940.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,625,229.			
	b Less: accumulated depreciation	10b 1,643,940.	2,007,557.	10c	1,981,289.
	11 Investments - publicly traded securities	18,354,514.	11	19,007,859.	
	12 Investments - other securities. See Part IV, line 11	653,196.	12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	47,459.	15	47,255.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	51,598,916.	16	61,399,972.		
Liabilities	17 Accounts payable and accrued expenses	2,711,482.	17	1,476,748.	
	18 Grants payable	200,000.	18	0.	
	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	217,661.	25	182,247.	
	26 Total liabilities. Add lines 17 through 25	3,129,143.	26	1,658,995.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	42,269,639.	27	50,434,895.	
	28 Net assets with donor restrictions	6,200,134.	28	9,306,082.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	48,469,773.	32	59,740,977.	
33 Total liabilities and net assets/fund balances	51,598,916.	33	61,399,972.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,867,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,064,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,802,934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,469,773.
5	Net unrealized gains (losses) on investments	5	1,468,270.
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	59,740,977.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align: center;">GARY SINISE FOUNDATION</p>	Employer identification number <p style="text-align: center;">80-0587086</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,374,853.	28,224,655.	37,064,039.	41,933,996.	48,441,737.	177,039,280.
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	21,374,853.	28,224,655.	37,064,039.	41,933,996.	48,441,737.	177,039,280.
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)						13,454,180.
6 Public support. Subtract line 5 from line 4.						163,585,100.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	21,374,853.	28,224,655.	37,064,039.	41,933,996.	48,441,737.	177,039,280.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	122,281.	407,111.	550,651.	567,818.	556,455.	2,204,316.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		86,618.	9,000.		2,335.	97,953.
11 Total support. Add lines 7 through 10						179,341,549.
12 Gross receipts from related activities, etc. (see instructions)					12	1,770,237.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	91.21 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.18 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,185,130.	11,193,846.	11,722,978.	10,167,865.	
b Contributions			2,326.	500,000.	10,000,000.
c Net investment earnings, gains, and losses	1,609,579.	2,045,993.	-484,731.	1,096,629.	178,484.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	54,069.	54,709.	46,727.	41,516.	10,619.
g End of year balance	14,740,640.	13,185,130.	11,193,846.	11,722,978.	10,167,865.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		94,640.		94,640.
b Buildings		2,092,411.	903,588.	1,188,823.
c Leasehold improvements				
d Equipment		574,837.	319,049.	255,788.
e Other		863,341.	421,303.	442,038.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,981,289.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	182,247.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	182,247.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	51,505,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,468,270.
b	Donated services and use of facilities	2b	1,185,294.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	61,334.
e	Add lines 2a through 2d	2e	2,714,898.
3	Subtract line 2e from line 1	3	48,790,595.
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	77,221.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	77,221.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	48,867,816.

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	40,234,289.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,185,294.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	61,334.
e	Add lines 2a through 2d	2e	1,246,628.
3	Subtract line 2e from line 1	3	38,987,661.
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	77,221.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	77,221.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,064,882.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

THE ORGANIZATION'S FEDERAL INCOME TAX AND INFORMATIONAL RETURNS FOR TAX YEARS ENDING DECEMBER 31, 2017 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE RETURNS FOR CALIFORNIA, THE ORGANIZATION'S MOST SIGNIFICANT JURISDICTION, REMAIN SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD FOR TAX YEARS ENDING DECEMBER 31, 2016 AND SUBSEQUENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 61,334.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 61,334.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE AVALON FUND 33735 SNICKERSVILLE TURNPIKE PO BOX BLUEMONT, VA 20135	27-3228310	501(C)(3)	2,250,000.	0.			MENTAL WELLNESS INITIATIVE SUPPORT
BOULDER CREST RETREAT 33735 SNICKERSVILLE TURNPIKE PO BOX BLUEMONT, VA 20135	27-3228310	501(C)(3)	525,000.	0.			WARRIOR PATHH PROGRAM FOR PTSD
UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE 725 DENVER, CO 80203	84-6049811	501(C)(3)	500,000.	0.			MARCUS INSTITUTE FOR BRAIN HEALTH
FRIENDS OF FIREFIGHTERS 199 VAN BRUNT STREET BROOKLYN, NY 11231	01-0611469	501(C)(3)	300,530.	0.			MENTAL HEALTH COUNSELING AND WELLNESS SERVICES
TAYA AND CHRIS KYLE FOUNDATION P.O. BOX 1337 MIDLOTHIAN, TX 76065	47-2101671	501(C)(3)	250,000.	0.			MARRIAGE SERVICES FOR MILITARY, FIRST RESPONDERS, AND EMERGENCY MEDICAL WORKERS
THE GRATITUDE INITIATIVE 101 VINTAGE DR STE 100 RED OAK, TX 75154	46-3306022	501(C)(3)	180,000.	0.			EDUCATIONAL SUPPORT AND SCHOLARSHIPS FOR CHILDREN AND FAMILIES OF MILITARY SERVICE MEMBERS AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 97.

3 Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BE STILL MINISTRIES 245 BLACKROCK TRCE MILTON, GA 30004	47-5259109	501(C)(3)	175,000.	0.			SPONSORSHIP FOR 2 WIDOWS OF HEROES RETREAT
VISION WARRIORS FOUNDATION 305 SAINT ANDREWS CT BALLWIN, MO 63011	81-4839272	501(C)(3)	145,000.	0.			BUILD HOMES FOR VETERANS
ANGELS OF AMERICA'S FALLEN 10010 DAVENWOOD CT COLORADO SPRINGS, CO 80920	45-5029479	501(C)(3)	125,000.	0.			GRANT TO SUPPORT CHILDREN OF THE FALLEN
AMERICAN CORPORATE PARTNERS 140 E 45TH ST 19A NEW YORK, NY 10017	61-1556042	501(C)(3)	100,000.	0.			VETERAN MENTORING PROGRAM
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	80,000.	0.			SPONSORSHIP FOR 2 FOUNDATION RETREATS
THE NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE ST NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	98,468.	0.			SUPPORT ORAL HISTORIAN
WARRIORS HEART 756 PURPLE SAGE RD BANDERA, TX 78003	47-4655361	501(C)(3)	128,630.	0.			INPATIENT TREATMENT
OPERATION BBQ RELIEF PO BOX 3825 SHAWNEE, KS 66203	45-2442792	501(C)(3)	51,650.	0.			FEEDING FIRST RESPONDERS AND COMMUNITIES AFFECTED BY NATURAL DISASTERS
USO 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	319,786.	0.			MEALS FOR SERVING HEROES

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	50,000.	0.			WREATHS FOR VETERAN CEMETERY
TEXAS A&M FOUNDATION 401 GEORGE BUSH DR COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	50,000.	0.			ACADEMIC FUNDRAISING INSTITUTION FOR TEXAS A&M
PENTAGON FEDERAL CREDIT UNION FDTN PO BOX 1432 ALEXANDRIA, VA 22313	54-2062271	501(C)(3)	50,000.	0.			FINANCIAL SUPPORT FOR VETERANS
FOLDED FLAG FOUNDATION 1550 S. PAVILION CENTER DR LAS VEGAS, NV 89135	46-5371845	501(C)(3)	50,000.	0.			EDUCATIONAL SCHOLARSHIPS AND SUPPORT
BELIEVE WITH ME 11420 US HWY 1 PMB 122 NORTH PALM BEACH, FL 33408	47-3192165	501(C)(3)	50,000.	0.			SERVE AMERICA'S GOLD STAR FAMILIES
HOMETOWN HEROES, INC PO BOX 953 MONROE, NC 28111	20-1561839	501(C)(3)	50,000.	0.			CARE PACKAGES TO ACTIVE DUTY MILITARY
STEPPEWOLF THEATER 1700 N HALSTED ST CHICAGO, IL 60614	51-0149370	501(C)(3)	47,500.	0.			SUPPORT THEATER
CAMP CASEY KOREA PO BOX 6111 TEXARKANA, TX 75505	75-1744396	N/A	35,006.	0.			MEALS FOR SERVING HEROES
FORT BRAGG NC 2658 REILLY ROAD FORT BRAGG, NC 28310	56-1602987	N/A	33,188.	0.			MEALS FOR SERVING HEROES

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOB HOPE USO 200 PINE AVE SUITE 240 LONG BEACH, CA 90802	95-2302811	501(C)(3)	32,095.	0.			MEALS FOR SERVING HEROES
GRANVILLE ENGINE AND HOSE COMPANY PO BOX 1010 GRANVILLE, NY 12832	65-1265108	501(C)(3)	7,722.	0.			TO PURCHASE FIRE EQUIPMENT
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	94-3025807	501(C)(3)	25,000.	0.			DONATION FOR FAMILIES OF FALLEN SOLDIERS AND MILITARY PROGRAMS
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1700 STADIUM WAY SUITE 100 - LOS ANGELES, CA 90012	27-2007326	501(C)(3)	25,000.	0.			GRANT FOR WILDFIRE CLEARANCE TOOLS
STAND UP AND PLAY FOUNDATION 827 GRANADA DR VISTA, CA 92083	27-2439757	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FDNY FIRE FAMILY TRANSPORT FDTN 1933 RYDER ST BROOKLYN, NY 11234	11-3154956	501(C)(3)	25,000.	0.			VANS TO TRANSPORT FIREFIGHTERS
HUTS FOR VETS PO BOX 3598 BASALT, CO 81621	46-1909592	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CLAY CO PERRY TWP VOLUNTEER FIRE DEPT - 500 SOUTH CENTER ST - CORY, IN 47846	23-7371344	501(C)(3)	24,365.	0.			MONITORING SYSTEM
HABITAT FOR HUMANITY OF GREATER SACRAMENTO - 819 NORTH 10TH STREET - SACRAMENTO, CA 95811	68-0085804	501(C)(3)	22,000.	0.			CONSTRUCTION OF VETERAN HOMES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT HOOD 194 37TH STREET FORT HOOD, TX 76544	74-2841106	N/A	19,528.	0.			MEALS FOR SERVING HEROES
COTTAGE GROVE FIRE DEPARTMENT 4030 COUNTY HWY N COTTAGE GROVE, WI 53527	39-6186874	501(C)(3)	18,756.	0.			TO PURCHASE EQUIPMENT
JEFFERSON TWP FIRE DEPARTMENT 3772 WHISKEY RUN ROAD CHILlicothe, OH 45601	31-1310633	501(C)(3)	17,072.	0.			TO PURCHASE EQUIPMENT
POWDERLY FIRE DEPARTMENT PO BOX 188 POWDERLY, TX 75473	75-1522254	501(C)(3)	16,970.	0.			TO PURCHASE EQUIPMENT
AMERICAN VETERANS CENTER 1100 NORTH GLEBE RD SUITE 910 ARLINGTON, VA 22201	51-0232804	501(C)(3)	15,000.	0.			MEMORIAL DAY PARADE SPONSORSHIP
FORT BUCHANAN COMMUNITY CLUB 390 DOUBLE EAGLE AVE STE 100 FORT BUCHANAN, PR 00934	75-1232789	N/A	15,000.	0.			MEALS FOR TROOPS
OPERATION HEALING FORCE 380 PARK PLACE BLVD SUITE 175 CLEARWATER, FL 33759	45-3798803	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE DETECTIVE RAFAEL RAMOS FOUNDATION - PO BOX 863112 - RIDGWOOD, NY 11386	47-5466069	501(C)(3)	10,000.	0.			SUPPORT THE PROGRAM
GREATER TUCSON FIRE FOUNDATION 6374 E CALLE DE MIRAR TUCSON, AZ 95750	27-3155431	501(C)(3)	10,000.	0.			PROVIDE FIREFIGHTERS WITH HEALTH AND WELLNESS SERVICES

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE HELP PO BOX 539 AUBURN, MA 01501	82-1711537	501(C)(3)	14,000.	0.			HONORING LAW ENFORCEMENT OFFICERS
FORT DRUM IFMWRF 10783 CHAPEL DR FORT DRUM, NY 13602	45-0526154	N/A	9,482.	0.			MEALS FOR SERVING HEROES
FORNEY POLICE DEPARTMENT 110 JUSTICE CENTER DRIVE FORNEY, TX 75126	27-2102177	501(C)(4)	9,048.	0.			COVID-19 PPE REIMBURSEMENT
HALLOWELL FIRE DEPARTMENT 1 WINTHROP ST HALLOWELL, ME 04347	82-1962762	501(C)(3)	8,900.	0.			TO PURCHASE EQUIPMENT
LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREET SUITE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	8,400.	0.			TO SUPPORTER BARBERS AND SHOE SHINERS
USO COUNCIL OF SAN DIEGO 303 A STREET SUITE 100 SAN DIEGO, CA 92101	95-1644030	501(C)(3)	7,500.	0.			MEALS FOR SERVING HEROES
USO FT. CAMPBELL 6145 DESERT STORM AVE FORT CAMPBELL, KY 42223	13-1610451	501(C)(3)	7,090.	0.			MEALS FOR SERVING HEROES
UNICOI VOL FIRE DEPARTMENT 3907 UNICOI DR UNICOI, TN 37692	62-1380669	501(C)(3)	5,210.	0.			TO PURCHASE EQUIPMENT
SHELTER PARTNERSHIP INC. 523 WEST SIXTH ST #616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	5,000.	0.			SUPPORT PROGRAMS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NC 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	5,000.	0.			SUPPORT PROGRAMS
STICKLEYVILLE VOLUNTEER FIRE DEPARTMENT - 137 SAGE MOUNTAIN RD #101 - DUFFIELD, VA 24244	54-1365996	501(C)(3)	33,081.	0.			TO PURCHASE EQUIPMENT
CANTON FIRE DEPARTMENT 203 N ASH ST CANTON, MN 55922	41-6048870	501(C)(3)	35,465.	0.			TO PURCHASE EQUIPMENT
ROANN FIRE DEPARTMENT 320 W STATE RD 16 ROANN, IN 46974	35-1905443	501(C)(3)	36,007.	0.			TO PURCHASE EQUIPMENT
CAMP4HEROES PO BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)(3)	49,995.	0.			TO PURCHASE ENGINE
IRWINTON FIRE DEPARTMENT 109 E MAIN STREET IRWINTON, GA 31042	58-1024372	501(C)(3)	46,000.	0.			TO PURCHASE EQUIPMENT
EYNON FIRE DEPARTMENT 151 SCRANTON CARBONDALE HWY EYNON, PA 18403	46-4496285	501(C)(3)	5,727.	0.			TO PURCHASE EQUIPMENT
SHELBY FIRE COMPANY 4677 S GRAVEL RD MEDINA, NY 14103	16-6032534	501(C)(3)	22,463.	0.			TO PURCHASE EQUIPMENT
VARIOUS FIRE DEPARTMENTS 21700 OXNARD STREET, SUITE 570 WOODLAND HILLS, CA 91367		501(C)(3)	643,403.	0.			TO PURCHASE EQUIPMENT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	2148	2,281,441.	0.		
PURCHASED 6 ADAPTIVE VEHICLES	6	302,844.	0.		
PURCHASED 7 MOBILITY ASSISTANCE DEVICES	7	49,583.	0.		
DIRECT CASH ASSISTANCE TO FIRST RESPONDERS AND THEIR FAMILIES	1	2,500.	0.		
HOME MODIFICATIONS FOR 11 VETERANS	11	702,337.	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.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE GRATITUDE INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL SUPPORT AND SCHOLARSHIPS FOR CHILDREN AND FAMILIES OF MILITARY SERVICE MEMBERS AND VETERANS

PART II, LINE 1 TABLE:

VARIOUS FIRE DEPARTMENTS:

CHEROKEE VILLAGE FIRE DEPARTMENT

LOUISVILLE VOLUNTEER FIRE DEPARTMENT

PONTIAC FIRE DEPARTMENT

BOSTON FIRE DEPARTMENT

BEYOND ENVIRONMENTAL SOLUTIONS

TEXAS CITY FIRE

GOSHEN TWP FIRE & EMS

NORTH COLLEGE HILL VFD

HARTS VOLUNTEER FIRE DEPARTMENT

SLEEPY HOLLOW POLICE DEPARTMENT

BOONE GROVER FIRE DEPARTMENT

CLAYTON FIRE CO

BLOOMSBURG FIRE DEPARTMENT

BREITUNG FIRE DEPARTMENT

RANDOLPH FIRE DEPARTMENT

GENE THERAPY SYSTEMS

OLIVE VOLUNTEER FIRE DEPARTMENT

PIERCE TOWNSHIP FIRE DEPARTMENT

PLAINFIELD FIRE DEPARTMENT

DEMOREST FIRE DEPARTMENT

EDDIE THOMAS FUND

BOUND BROOK FIRE DEPARTMENT

Part IV Supplemental Information

LAVON FIRE DEPARTMENT

VERNON POLICE DEPARTMENT

STAR VALLEY EMS

REMERTON FIRE DEPARTMENT

ADAMS AREA FIRE DISTRICT

KEYSTONE VALLEY FIRE DEPARTMENT

TOMBSTONE FIRE DEPARTMENT

HAVERSTRAW FIRE DEPARTMENT

CLARION IA POLICE DEPARTMENT

WYLAND EMS

STEPHENS CITY VFD

BRIMFIELD FIRE DEPARTMENT

AEROCLAVE

RINCON VALLEY FIRE DISTRICT

CUMBERLAND TRAIL FIRE DEPARTMENT

BOWIE FIRE DEPARTMENT

UNITED FIRE EQUIPMENT

MUNICIPAL EMERGENCY SERVICES

FOLSOM FIRE CHIEF

NORTH LAWRENCE FIRE DEPARTMENT

Empty lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN RAND CHIEF EXECUTIVE OFFICER	(i)	287,500.	0.	0.	0.	2,022.	289,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH FIELDS CHIEF OPERATING OFFICER	(i)	230,000.	0.	0.	0.	28,334.	258,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES RAVELLA VP OF PROGRAMS	(i)	159,198.	0.	0.	0.	18,198.	177,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAYMOND SANDS DIRECTOR OF CHAPTER DEVELOPMENT	(i)	120,000.	0.	0.	0.	53,872.	173,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GARY STARR TREASURER	(i)	131,843.	0.	0.	13,184.	14,062.	159,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X	57	394,988.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	94,640.	FMV
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	143	1,871,313.	FMV
26 Other (FURNISHING)	X	1	10,905.	FMV
27 Other (FOOD)	X	1	1,188.	FMV
28 Other ()				

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

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

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

Schedule M (Form 990) 2020

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

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

FORM 990, PAGE 1, BOX F, PRINCIPAL OFFICER:

MIKE THIRTLE WAS APPOINTED AS THE CHIEF EXECUTIVE OFFICER IN JULY OF
2021.

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

HOME MODIFICATIONS FOR AMERICA'S INJURED, WOUNDED, ILL/AGING DEFENDERS.

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

STAR FAMILY MEMBERS AT THE VIRTUAL ANNUAL EVENT AND SMALLER VIRTUAL
EVENTS TO ENGAGE THE FAMILIES ALL YEAR LONG.

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

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

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

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY, THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED THE FISCAL YEAR PERFORMING 2 CONCERTS FOR OVER 5,000 ATTENDEES WORLDWIDE.

EXPENSES \$ 882,779. INCLUDING GRANTS OF \$ 0. REVENUE \$ 101,866.

FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA 'S FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOMEN ARE INDISPENSABLE TO MAINTAINING THE SAFETY OF OUR COMMUNITIES. GRANTS ASSISTED FIRST RESPONDERS WITH URGENT NEEDS FROM PROTECTIVE GEAR TO SAFETY EQUIPMENT. IN 2020, THE PROGRAM ASSISTED 135 DEPARTMENTS WITH OVER 8,859 PIECES OF EQUIPMENT.

EXPENSES \$ 1,724,824. INCLUDING GRANTS OF \$ 1,461,272. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:
GARY SINISE AND MOIRA SINISE ARE MARRIED.

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

FORM 990, PART VI, SECTION A, LINE 7A:
THE SOLE MEMBER HAS THE RIGHT TO APPOINT THE MEMBERS OF THE FOUNDATION'S GOVERNING BODY. THE FULL BOARD ACKNOWLEDGES THE APPOINTMENT OF ALL NEWLY APPOINTED BOARD OF DIRECTORS.

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

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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CERTAIN GOVERNANCE DECISIONS OF THE FOUNDATION ARE RESERVED TO ITS SOLE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE FOLLOWING: (1) MICHAEL THIRTLE, CHIEF EXECUTIVE OFFICER (2) BARBARA TITUS, DIRECTOR/CHAIR OF AUDIT COMMITTEE (3) LEGAL COUNSEL. THE RETURN IS THEN PROVIDED TO THE REST OF THE BOARD PRIOR TO FILING.

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

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

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

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

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

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

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

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

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG

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

PROFESSIONAL SERVICES :

PROGRAM SERVICE EXPENSES	3,403,375.
MANAGEMENT AND GENERAL EXPENSES	266,655.
FUNDRAISING EXPENSES	306,782.
TOTAL EXPENSES	3,976,812.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,976,812.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EQUIPMENT RENTAL:

PROGRAM SERVICE EXPENSES	106,920.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,382.
TOTAL EXPENSES	112,302.

PAINTING :

PROGRAM SERVICE EXPENSES	2,565.
MANAGEMENT AND GENERAL EXPENSES	25,954.
FUNDRAISING EXPENSES	78,065.
TOTAL EXPENSES	106,584.

REPAIRS AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	66,376.
MANAGEMENT AND GENERAL EXPENSES	9,315.

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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FUNDRAISING EXPENSES 9,111.

TOTAL EXPENSES 84,802.

MERCHANDISE COST:

PROGRAM SERVICE EXPENSES 1,917.

MANAGEMENT AND GENERAL EXPENSES 56,100.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 58,017.

COMMISSIONS:

PROGRAM SERVICE EXPENSES 300.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 300.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 362,005.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LT. DAN BAND LLC - 80-0697116 21700 OXNARD STREET, SUITE 570 WOODLAND HILLS, CA 91367	MUSICAL ENTERTAINMENT PRIMARILY FOR MILITARY BASES.	DELAWARE	30,291.	45,179.	GARY SINISE FOUNDATION

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

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.