## EXTENTION GRATNED TO 11/15/14

## **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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and ending		
В	Check if applicable:	C Name of organization	D Employer identifi	ication number
•				
	Address change	GARY SINISE FOUNDATION		
	Name change	Doing Business As	80-0	587086
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si	uite <b>E</b> Telephone numbe	er
	Termin- ated	1901 AVENUE OF THE STARS 1050	310-	226-7575
	Amende return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,234,572.
	Application	LOS ANGELES, CA 90007	H(a) Is this a group r	
	pending	F Name and address of principal officer: JUDITH OTTER	for subordinates	s? Yes X No
		C/O 1901 AVE OF THE STARS, LOS ANGELES, CA	H(b) Are all subordinates i	
		<u> </u>	527 If "No," attach a	list. (see instructions)
J	Website	E ► GARYSINISEFOUNDATION.ORG	H(c) Group exemption	n number 🕨
		organization: Corporation X Trust Association Other Ly	ear of formation: $2010$	<b>M</b> State of legal domicile: $\mathbf{DE}$
Pa		Summary		
ø		riefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt SERVE}}}$		
Governance	_	TS DEFENDERS, VETERANS, 1ST RESPONDERS, THEIR		
ern	1	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n	1	_
Š		lumber of voting members of the governing body (Part VI, line 1a)		4
æ		lumber of independent voting members of the governing body (Part VI, line 1b)		3
ies		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		12
Activities &		otal number of volunteers (estimate if necessary)		0
Act	1	otal unrelated business revenue from Part VIII, column (C), line 12		0.
	b N	let unrelated business taxable income from Form 990-T, line 34		0.
ne			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	4,293,021.	
Revenue		Program service revenue (Part VIII, line 2g)	570,890.	
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	45.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,366.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,927,322.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,728,596. 0.	
	1	denefits paid to or for members (Part IX, column (A), line 4)	308,493.	_
ses	15 8	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Otal fundraising expenses (Part IX, column (D), line 25)	0.	0.
Ä	b		1,383,904.	4,022,915.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,420,993.	5,772,718.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,506,329.	3,425,469.
<u></u>	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)	2,000,177.	End of Year 5,465,410.
Asse Bal	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	285,913.	325,677.
let,	22 N	let assets or fund balances. Subtract line 21 from line 20	1,714,264.	5,139,733.
Pi	art II	Signature Block	1,711,2010	3723377334
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	ny knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
	ĺ			
Sig	ın	Signature of officer	Date	
Hei		JUDITH OTTER, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d  Z	ANDREW J. OZUROVICH	if self-employ	
Pre	-	Firm's name THE OZUROVICH GROUP, INC.	Firm's EIN ▶	95-4502766
Use	Only	Firm's address 1901 AVENUE OF THE STARS #1050		
		LOS ANGELES, CA 90067	Phone no. ( 3	10)226-7576
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO HONOR THE NATION'S DEFENDERS, VETERANS, FIRST RESPONDERS, THEIR
	FAMILIES, AND THOSE IN NEED. THE FOUNDATION WILL PROVIDE AND SUPPORT
	UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUCATE, INSPIRE, STRENGTHEN
	AND BUILD COMMUMMITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	the prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.
•	'
3	3 7 71 3
	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
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,838,968 • including grants of \$ 600,789 • ) (Revenue \$ )
4a	(Code: ) (Expenses \$ 2,838,968 including grants of \$ 600,789 ) (Revenue \$ )  R.I.S.E. (RESTORING INDEPENDENCE AND SUPPORTING EMPOWERMENT) WAS
	ESTABLISHED TO PROVIDE WOUNDED HEROES AND THEIR FAMILIES WITH THE
	NECESSARY RESOURCES TO OVERCOME THEIR NEW LIFE CHALLENGES. WHETHER
	PROVIDING HOME MODIFICATIONS, ADAPTED VEHICLES, WHEELCHAIRS/TRACKCHAIRS OR CONSTRUCTING ONE-OF-A-KIND CUSTOM SMART HOMES.
	OR CONSTRUCTING ONE-OF-A-KIND COSTOM SMART HOMES.
	200 674
4b	(Code:) (Expenses \$ 892,017. including grants of \$ 290,674.) (Revenue \$)  RELIEF AND RESILIENCY-PROVIDED SUPPORT TO THOSE RECOVERING FROM TRAUMA
	AND LOSS DURING TIMES OF URGENT NEED. WE ARE ALSO HELPING HEAL THEIR
	EMOTIONAL WOUNDS BY HOSTING EXCITING EVENTS AND ACTIVITIES FOR THOSE
	ENDURING SIMILAR STRUGGLES. BY BUILDING A COMMUNITY OF STRONG
	FRIENDSHIPS AND FORMING JOYFUL, LASTING MEMORIES, THEY CAN FIND NEW
	HOPES FOR THE FUTURE TOGETHER. THROUGH INVINCIBLE SPIRIT FESTIVALS WE
	CELEBRATE NOT ONLY THE COURAGE OF OUR WOUNDED HEROES, BUT OF THEIR
	FAMILIES AND CAREGIVERS AS WELL. EACH DAY-LONG FESTIVAL BRINGS A LIVE
	LT. DAN BAND CONCERT, A FAIR-LIKE ATMOSPHERE FOR CHILDREN, AND A
	DELICIOUS MEAL PREPARED BY A CELEBRITY CHEF TO ONE OF OUR NATION'S
	MILITARY MEDICAL HOSPITALS.
	TILLING HUDION HODI INDI
40	(Code: ) (Expenses \$ 534,943 • including grants of \$ ) (Revenue \$ 685,786 • )
70	(Code: ) (Expenses \$ 534,943. including grants of \$ ) (Revenue \$ 685,786.)  MILITARY SUPPORT CONCERTS-HONOR. GRATITUDE. ROCK AND ROLL. THAT'S THE
	MISSION OF EVERY LT.DAN BAND CONCERT. WHETHER BOOSTING THE MORALE ON
	MILITARY BASES AT HOME AND ABROAD, RAISING AWARENESS AT BENEFIT
	CONCERTS ACROSS THE COUNTRY, OR HEADLINING OUR OWN INVINCIBLE SPIRIT
	FESTIVALS, THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS
	COMMUNITIES WITH ITS EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES.
	COMMONITIES WITH THE ENTROPIVE BION EVENTAMENT IT CODE.
	Other program services (Describe in Schedule O.)
ru	(Expenses \$ 569, 159 • including grants of \$ 268, 088 •) (Revenue \$ )
4e	Total program service expenses 4,835,087.

332002 10-29-13

#### Part IV | Checklist of Required Schedules

1 Is the organization described in section SOT(c)(5) or 4947(s/11) (other than a private foundation?  1 If Yes, "complete Schedule B, Schedule of Contributors?  2 Is the organization request in direct or inderce to private protization and the provided of Contributors?  3 J X  2 Is the organization engage in index or index or private protization and the provided schedule C, Part II  3 J X  3 J X  5 Is the organization association SOT(c)(4), SOT(c)(5), or 50T(c)(6) organization that recovers membership dues, assessments, or similar amounts as defined in Revenue Procedules 94:1911 "Yes," complete Schedule C, Part III  5 Is the organization associan SOT(c)(4), SOT(c)(5), or 50T(c)(6) organization that recovers membership dues, assessments, or similar amounts as defined in Revenue Procedules 94:1911 "Yes," complete Schedule C, Part III  6 Is the organization amount an amount in Part X, Image 94:1911 "Yes," complete Schedule D, Part II  7 Did the organization amount an amount in Part X, Image 94:1912 "Yes," complete Schedule D, Part II  8 Is the organization mental and a schedule organization deserment, including easements to preserve open space, the environment, historic land rease, or historic antiverse? If "Yes," complete Schedule D, Part II  9 Did the organization marrian amount in Part X, Ima 21, for ecrow or custodial account liability, serve as a custodian for amounts in such tissue in Part X, organization consumers to site and Part X, organization expenses or through a related organization, organization report an amount for land, buildings, and equipment in Part X, Ima 10 If "Yes," complete Schedule D, Part IV  10 Did the organization sensor to any of the Yes," complete Schedule D, Part V III  11 Did the organization sensor to any of the Yes," complete Schedule D, Part V III  12 Did the organization in Part X, Ima 10 If "Yes," complete Schedule D, Part X II  13 Did the organization sensor to any of the Yes," complete Schedule D, Part X III  14 Did the organization in Part X, Ima 10 If "Yes," complete Schedule				Yes	No
2 Is the organization required to complete Schedule of Contributions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization associant 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Set 191 If "Yes," complete Schedule C, Part II  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment or any contribution or amounts in the provide advise of the degratization report an amount in Part X, line 191, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X, inp 2 provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part VIII to organization report an amount for bland organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-admovements? If "Yes," complete Schedule D, Part X in the organization report an amount for investments - program	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct to indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 501(6)3 organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization assention 501(6)(4), 501(6)(6),			1		
public office? If "Yes," complete Schedule C, Part I 4 Section 501(x)(3) reganizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6),	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the text year? If "Yes, "complete Schedule C, Part III 5 is the organization as section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 is 10 in the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 is 10 in the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 is 10 in the organization, directly or through a related organization, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 is 10 in the organization, directly or through a related organization, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 is 10 in the organization, directly or through a related organization, historical treasures, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 is 10 in the organization report an amount for land, buildings, and equipment in Part X, line 19 If "Yes," complete Schedule D, Part V 11 if the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part X 11 in 10 in	3		3		Х
5 Is the organization a section 601c(i/d), 501c(i/d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-191 if "Pies," complete Schedule C, Part III	4				
5 Is the organization a section 601c(i/d), 501c(i/d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-191 if "Pies," complete Schedule C, Part III		during the tax year? If "Yes," complete Schedule C, Part II	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization area on the order of the organization of the organization assement in collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization organization amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  10 Did the organization organization amount for head organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V    12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    16 Did	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
The organization receive or hold a conservation easement, including easements to preserve open space, the environment historic land areas, or historic structures? If "Yes," complete Schedule D, Part III    Did the organization maintain collections of works of art, historical treasures, or other similar assest? If "Yes," complete Schedule D, Part III    Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV    Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VV    b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VV    Did the organization report an amount for investments in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII    Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    Did the organization oreport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    Did the organization shall be part as a con	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   8		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII   11a X  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   11b X  c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   11c X  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X   11b X  11c X  11d X  21d Did the organization in a mount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   11d X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  11 b Was the organization statements for the tax year include a footnote that addresses the organization statements have positions under Fin 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11 b Was the organization statements for the tax year? If "Yes," complete Schedule P. Part X  12 b Was the organization shall provide the schedule P. Parts II and IV  13 b Was the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Parts II and IV  14 b Was the organization may be schedule F. Parts II and IV  15 Did		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII  e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II  b Ut the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II  b Ut the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II  b Ut the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the turbled States?  b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the turbled States, or aggre	8	Cabadula D. Badilli	8		Х
If "Yes," complete Schedule D, Part IV   10   10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10   X   X   If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   11a   X    b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   11b   X    c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   11b   X    d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X   11d   X    11d   X   X    11d   X   X    11d   X   X    11d   X    1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c X  d Did the organization incort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  2 Did the organization incort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  2 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  11d X  11d X  11d X  2 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  11d X  12a X  13 Is the organization maintain an office, employees, or agents outside of the United States?  13 Is the organization maintain an office, employees, or agents outside of the United States?  13 Did the organization as exported in Part X, line 12a, then completing Schedule D, Part X I and XI  14b X  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other		If IVGs II as a solute October I to D. Do I IV	9		Х
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	15				
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 X  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	16				3.7
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			16		X
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
19     Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III     19     X       20a     Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H     20a     X	18				v
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	40		18		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

Page 4

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete	00	Х	
04-	Schedule J	23		
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? If "Yes," answer lines 24b through 24d and complete			
	* · · · · · · · · · · · · · · · · · · ·	24a		х
h	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		- 22
C	1'	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		-22
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110 to 17 til 1 of 11 000 filler o are required to complete of fiedule o	1 00		

Form **990** (2013)

# Form 990 (2013) GARY SINISE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable   1a   8   8   1b   10   0   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the common proposition of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers?  2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  12 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If we cannot file the state and als ingreate than 250, you may be required to e-file goes instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d If we call the organization have unrelated business gross income of \$1,000 or more during the year?  3d If we call the organization have unrelated business gross income of \$1,000 or more during the year?  3d If we call the organization have unrelated business gross income of \$1,000 or more during the year?  3d If we call the organization in the organization have an interest in, or a signature or other authority over, a financial account or country (such as a bank account, securities account, or other financial accounts?)  4d A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or other financial accounts?  5d Was the organization appray to a prohibited tax shelter transaction.  5d Was the organization appray to a prohibited tax shelter transaction.  5d Was the organization appray to a prohibited tax shelter transaction?  5d Was the organization appray to a prohibited tax shelter transaction?  5d Was the organization appray to a prohibited tax shelter transaction?  5d Was the organization shelt were accepted that are normally greater than \$100,000, and did the organization solicity and the organization shelt were not tax deductibles a charitable contribution?  5d If Yes, 'did the						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. 12  2b. If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns?  2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns?  2c. 2b. X  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to -6th gene instructions)  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization in a federal for this year? If Yeo, You fine \$00, provide an explanation in Schedule 0  3c. Did the organization in a federal country (such as a bank account, securities account, or other financial account?)  3c. Did the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any expansization party to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any expansization a party to a prohibited tax was or is a party to a prohibited tax shelter transaction?  3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction?  3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction?  3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax shelter transaction?  3c. Did the organization and party to a prohibited tax was or is a party to a prohibited tax washelter transaction?  3c. Did the organization shelt washeld that	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to prize withorises.  2a Effect 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.  3a 12  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a 2b Id the organization have unrelated business gross income of \$1,000 or more during the year?  3a 2b If 179s, **Institution for the same of the year? If 17%, **Institution or explanation in Schedule O.  3b If 179s, **Institution for filing requirements for Form 175 or 92s, provide an explanation in Schedule O.  3b If 179s, **Institution for filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial accounts.  5b If 179s, **Institution for filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Filing requirements for Form 175 or 92s, 1, report of Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Foreign Bank and Financial Accounts.  5c If 179s, **Institution for Foreign Bank and Financial Accounts.  6c If 179s, **Institution for Foreign Bank and Financial Accounts.  6d If 179s, **Institution foreign Bank and Financial Accounts.  6d If 179s, **Institution foreign Bank and Financial Accounts.  6d If 179	b		1b	0			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendary pair entings with or within the year covered by this result.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  3a X  b if Yes, *has it filed a Form 90-Tr for this year? If *No,* to line 3b, provide an explanation in Schedule O  3b A At any time during the calandary year, did the organization have an inferset 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 accountly?  4a A Exploration in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, * inter the name of the foreign country is organization that it was or is a party to a prohibled tax year?  5a Exploration or thing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibled tax shelter transaction?  5b X  5c If Yes, * to line 5a or 5b, did the organization file Form 888-17  6a Does the organization hat were not tax deductible as charitable contributions?  6b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If Yes, * did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, * did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, * indicate the number of Forms 8282 filed during the year  8 paymanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If If the organization receive any funds, directly or indirectly, to pay premi	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to reflig (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 accountly?  4a At any time the name of the foreign country.  5b If "Yes," enter the name of the foreign country.  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes, "If did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "Indicate that mumber of Forms 8982 filed during the year  6 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes, "Indicate the number of Forms 8982 filed during the year  6 Did the organization selection appropriation of the value of the goods or services provided?  7b If Yes, "Indicate the number of Forms 8982 filed during the year  7d If Yes, "Indicate the number of Forms 8982 filed during the year  7d If Yes, "Indicate the number of For		filed for the calendar year ending with or within the year covered by this return	2a	12			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif "Yes," has it filed a Form 990T for this year? if "No," to fire 3b, provide an explanation in Schedule O  day  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 accounts.)  bif "Yes," either the name of the foreign country" >  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  Sa Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts.  Sa Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  Sa Was the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  Sa Was the organization filing feel the organization file Form 8896-17 (so if "Yes," to line the organization file Form 8896-17 (so if "Yes," to line the organization file Form 8896 are received an extraction include with every solicitation and partly for goods and services provided to the payor?  If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  If "Yes," indicate the number of Forms 8282 filed during the year  Via H "Yes," indicate the number of Forms 8282 filed during the year  Foreign organization file foreign accounts of the year payor pay	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in 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 accountly over, a financial account in a foreign country. ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  5b If 'Yes,' to line 5a or 5b, did the organization the form 8886-1?  6c 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 deductibles?  6c 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 deductibles?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  a) bit if ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive a payment in excess of \$75 made partly as contribution of organizations provided to the payor?  7 To X  8 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882?  8 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 To X  9 To W  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  70 X  71 X  72 X  73 X  74 Did the organization exceived any funds,		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)?  5a Was the organization aperunts for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Des 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?  6a Des 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?  6b If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," idd the organization notity the donor of the value of the goods or services provided?  7c Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c In Ide Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 The payon of the organization received a contribution of qualified intellectual property, did the organization file form 8989 as required?  9 Sponsoring organizations maintaining donor advised funds and section 599(a)(a) supporting organization file a Form 1098-C7  8 Sponsoring organization sective at organization folded on Part VIII, line 12  10a Gross	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   fi *Yes,** enter the name of the foreign country;**  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b   Did any stabelip party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X   X   Did any stabelip party notify the organization file Form 8886.7?  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions?*  6a   X   X   Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organization sthat may receive deductible contributions under section 170(c).  a   Did the organization sthat may receive deductible contributions under section 170(c).  a   Did the organization sthat may receive deductible contributions under section 170(c).  b   If *Yes,** did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   If Yes,** indicate the number of Forms 8282 filed during the year  e   Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0?  7   Yes, indicate the number of Forms 8282 filed during the year   yes premiums, directly or indirectly, or a personal benefit contract?  7   Yes,   If the organization meaninal initing donor advised funds an assertion solicity organization in file   year, pay premiums, directly or indirectly, or a personal benefit contract?  7   Yes,   Yes,   Yes,   Yes,   Yes,   Yes,   Yes,   Yes,   Yes,	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country:     See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for the See of St. of the Organization that it was or is a party to a prohibited tax shelter transaction?   Sec	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c 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?  6b 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 The X Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization is maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization is maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4986?  b Did the organization make a distribution to a donor, donor advised fund		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
Sa X	b	If "Yes," enter the name of the foreign country:					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T?  8 Does the organization frave 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?  6 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).  8 Did the organization supparent in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 Did the organization received a contribution of cars, boats, aniphanes, or other whiches, did the organization file a Form 1038-C?  10 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4986?  11 Section 501(c)(7) organizations. Enter:  12 In Initiation fees and capital contribution to a donor, donor advisor, or related person?  13 Section 501(c)(12) organizations. Enter:  14 Initiation fees and capital contributions included on Part VIII, line 12  15 Gross recome from members or shareholders  16 Gross recome from the resources (D not not among the view of the organization filing form 990 in lieu of Form 1041		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 14a 15c	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, , , , , , , , , , , , , , , , , , , ,					
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	)	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	· · · · · · · · · · · · · · · · · · ·	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
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  c Enter the amount of reserves on hand  13c  14a	•						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		, ,				
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 in Schedule 0       14b		organization is licensed to issue qualified health plans					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
							_ <u>X</u>
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule	eυ			.000	(0040)

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"NO" r	espon	se				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion 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 in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v				
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		$\frac{x}{x}$				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X				
<i>1</i> a	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u						
-	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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 in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120						
Ū	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	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			37				
	taxable entity during the year?	16a		_X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	461						
202	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AR , CA , CO , CT , DC , FL , GA	. НТ	. T T.	KS				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			,				
.5	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website W Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:						
	ANDREW OZUROVICH - 310-226-7575							
	1901 AVENUE OF THE STARS, SUITE 1050, LOS ANGELES, CA 90067							
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)				

## 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.

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

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

(A)  Name and Title	(B)	(C) Position		iout	(D)	(E)	<b>(F)</b> Estimated			
мате апо ппе	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GARY SINISE	20.00	x		х				0.	0.	0.
PRESIDENT, DIRECTOR (2) MOIRA SINISE	10.00	₽		_				0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(3) MARTIN LICKER	10.00	<del></del>								
SECRETARY, TREASURER, DIREC		х		Х			L	0.	0.	0.
(4) JIM PALMERSHEIM	10.00									_
DIRECTOR	10.00	Х						0.	0.	0.
(5) JUDITH OTTER	40.00	l		х				162 224	0.	0
EXECUTIVE DIRECTOR (6) STACY TAYLOR	40.00			_				163,334.	0.	0.
DEVELOPMENT DIRECTOR	40.00	ł				х		128,646.	0.	0.

Form **990** (2013)

Part VII   Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director opy you	l ast   nst		(D) Reportable	Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount othe compens from tl organiza and rela		of tion e on ed			
	below line)	Individua	Institutio	Officer	Key employee	Highest of employe	Former				orga	anizatio	ns ——
1b Sub-total		<u>L</u>	<u>L</u>	<u> </u>	<u> </u>		<u> </u>	291,980.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							bo r	291,980.	000 of reportat	0.			0.
compensation from the organization	lot inflited to ti	1036	- 11310	ou ai				eceived more than \$100	7,000 of reportar			Yes	No.
<ul> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the s</li> </ul>	such individual										3		Х
<ul> <li>4 For any individual listed on line 1a, is the s and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J	for such individual			4	Х	
rendered to the organization? If "Yes," con Section B. Independent Contractors											5		Х
Complete this table for your five highest countries the organization. Report compensation for								n the organization's tax		npens			
(A) Name and business L + O BUSINESS MANAGEMEN		19	901	1 <i>1</i>	AVI	E		<b>(B)</b> Description of s	services	С	(C Compe		1
OF THE STARS, STE 1050, LOS ANGELES, CA ACCOUNTING								129,000.					
Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					1					Form	000 /	2010

Form 990 (2013) GARY SI
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
		Check if Schedule O cont	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, ( Am	С	Fundraising events	1c					
Giff lar	d	Related organizations	1d					
ns, jimi	е	Government grants (contribut	ions) <b>1e</b>					
er S	f	All other contributions, gifts, gran						
ję (		similar amounts not included abor	ve 1f 8,	512,131.				
onti od C	g	Noncash contributions included in lines	1a-1f: \$					
<u>ā Ö</u>	h	Total. Add lines 1a-1f			8,512,131.			
				Business Code		640 400		
ice	2 a	EVENTS		900099	649,400.	649,400.		
Program Service Revenue	b							
m S ven	С							
gra Re	d							
Pro	e							
_		All other program service reve			649,400.			
_	<u>9</u> 3	Total. Add lines 2a-2f			045,400.			
	3	other similar amounts)			270.			270.
	4	Income from investment of ta						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	Gross rents	V					
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		, <b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraising	`					
Other Revenu		including \$	of					
Re		contributions reported on line	-					
her	h	Part IV, line 18			-			
ō		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	Ju	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	72,771.				
	b	Less: cost of goods sold	b	36,385.				
	С	Net income or (loss) from sale	s of inventory	<u></u>	36,386.	36,386.		
		Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total rayonus See instructions			9,198,187.	685,786.	0.	270.
33200 10-29	12 9	Total revenue. See instructions.		<u></u>	J, 1JU, 1U/•	005,700•	<u> </u>	Form <b>990</b> (2013)

## Form 990 (2013) GARY SINISE F Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	V
_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,017,451.	1,017,451.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	142,100.	142,100.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members		·		
5	Compensation of current officers, directors, trustees, and key employees	163,334.	106,177.	40,826.	16,331.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	200,0020	200,2110	20,020	
7	Other salaries and wages	371,717.	298,612.	25,918.	47,187
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,		•
9	Other employee benefits	13,680.	10,352.	1,707.	1,621
10	Payroll taxes	41,521.	31,413.	5,179.	4,929
11	Fees for services (non-employees):  Management				·
b		150,570.		150,570.	
		139,002.		139,002.	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	653,533.	567,424.	21,017.	65,092
12	Advertising and promotion	145,583.	67,132.	66,654.	11,797
13	Office expenses	27.600	00.00	4 000	4 540
14	Information technology	37,609.	28,207.	4,889.	4,513
15	Royalties	100 606	01 460	14 100	12 025
16	Occupancy	108,626. 131,572.	81,469. 100,583.	14,122.	13,035
17	Travel	131,374.	100,303.	19,549.	11,440
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,158.	32,368.	5,611.	5,179
23	Insurance	9,616.	7,665.	797.	1,154
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONSTRUCTION COSTS	1,968,123.	1,968,123.		
b	EQUIPMENT RENTAL	235,762.	215,358.	2,657.	17,747
С	SUPPLIES	121,218.	7,502.	107,724.	5,992
d	CONTRIBUTIONS	70,000.	153 151	40,000.	30,000
	All other expenses	208,543.	153,151.	34,140.	21,252
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	5,772,718.	4,835,087.	680,362.	257,269
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012)

Form **990** (2013)

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to any line	in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1,114,847.	1	4,037,934	
2	Savings and temporary cash investments			433,344.	2	764,939
3	Pledges and grants receivable, net			375,000.	3	82,926
4	Accounts receivable, net			0.	4	463,352
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensations					
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	1 4958(c)(3)(	B), and contributing			
	employers and sponsoring organizations of sec					
္	employees' beneficiary organizations (see instr).	. Complete F	Part II of Sch L		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			14,314.	8	21,471
9	Duran sid assessment all defensed also seed				9	35,342
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	157,255.			
b	Less: accumulated depreciation		120,624.	53,842.	10c	36,631
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line			12		
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			8,830.	15	22,81
16	Total assets. Add lines 1 through 15 (must equ			2,000,177.	16	5,465,41
17	Accounts payable and accrued expenses		35,913.	17	108,160	
18	Grants payable		18			
19	Deferred revenue		250,000.	19	217,51	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of So	hedule D		21	
3 22	Loans and other payables to current and former					
	key employees, highest compensated employee					
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Cor	nplete Part X of			
	Schedule D			005 010	25	205 675
26	Total liabilities. Add lines 17 through 25			285,913.	26	325,67
	Organizations that follow SFAS 117 (ASC 958		re ▶ L <u>X</u> and			
27 28 29 30 31 32 33 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36	complete lines 27 through 29, and lines 33 ar			1 100 146		2 210 200
27	Unrestricted net assets			1,199,146. 515,118.	27	2,310,200 2,829,533
28	Temporarily restricted net assets			313,110.	28	4,849,33.
29	Permanently restricted net assets				29	
:	Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in			1 711 261	32	E 120 72
33	Total net assets or fund balances			1,714,264. 2,000,177.	33	5,139,733
34	Total liabilities and net assets/fund balances			Z,UUU,1//•	34	5 , 465 , 410 Form <b>990</b> (201

Form **990** (2013)

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
		1	_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				87.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				18.	
3	Revenue less expenses. Subtract line 2 from line 1	3				69.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	71	<u>4,2</u>	64.	
5	Net unrealized gains (losses) on investments	5					
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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1					
	column (B))	10	<u>5,</u>	13	9,7	33.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				X	
2a	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	a no b					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	tit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		<u> </u>	
			F	orm	990 (	(2013)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

OMB No. 1545-0047

			NISE FOUNDAT						8	0-0587	086	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The organ  1	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4 📖			operated in conjunction	with a nos	pitai desci	nbea in <b>se</b>	ction 170	(D)( I)(A)(II	i). Enter	the nospital	rs nam	ie,
5	section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  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.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 that describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated											
e 🗀	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509				n
f		rganization, check th	ten determination from this box									
g			organization accepted ar									
J			irectly controls, either al							<i>!</i> ,	Yes	No
			upported organization?									
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i) of	or (ii) above	∍?					11g(iii)		
h	Provide the f	following information	about the supported or	ganization	(s).							
(i) Name of supported organization		(described on lines 1-9 above or IRC section		in col. (i) lis governing	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amoun sup	t of mor	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		921,725.	1616663.	4293021.	8512131.	15343540.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	1					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		921,725.	1616663.	4293021.	8512131.	15343540.
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)						1492922.
6	Public support. Subtract line 5 from line 4.						13850618.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012 4293021.	(e) 2013 8512131.	(f) Total
7	Amounts from line 4		921,725.	1616663.	4293021.	8512131.	15343540.
8	Gross income from interest,	1					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			13.	45.	270.	328.
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 IV.)				37,382.		37,382.
11	<b>Total support.</b> Add lines 7 through 10						15381250.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,712,706.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						<u>▶</u> X
	ction C. Computation of Publi						
	Public support percentage for 2013 (I					14	%
	Public support percentage from 2012					15	%
16a	<b>33 1/3% support test - 2013.</b> If the o	•		•		•	
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the		·		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

art IV	Form 990 or 990-EZ) 2013 GARY SINISE FOUNDATION	80-058/086 P
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

GARY SINISE FOUNDATION

OMB No. 1545-0047

Name of the organization

Employer identification number

80-0587086

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
•	•	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General I	Rule				
	For an organization contributor. Compl	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.			
Special F	Rules				
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
1	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
(   	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 375,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>165,051.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,000,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

**Employer identification number** 

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 123,622.	Person X Payroll

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 625,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 125,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$612,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$30,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

**Employer identification number** 

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$30,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person X Payroll

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
67			ы 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type (	(d) of contribution
68			ы 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
69			ы 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
70			ы 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
71			ы 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
72	1.12		ash te Part II for contributions.)

**Employer identification number** 

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$7,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$15,000.	Person X Payroll

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$\$\$	Person X Payroll

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$55,429.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$23,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$7,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$52,897.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$7,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$10,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$9,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
121		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
122		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
123		\$35,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
124		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
125		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
126		\$50,000.	Person X Payroll			

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$\$,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$12,500.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$ <u>15,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$6,975.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$ 25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$72,685.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$\$21,759.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

### GARY SINISE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		50,447.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$\$, 5,109.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

## GARY SINISE FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1.40	DONATED STOCK	_	
149		_	
		72,685.	12/18/13
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	DONATED STOCK	(ccc mea acaeme)	
150	DONATED STOCK	_	
			07/11/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DONATED STOCK		
151		_	
		\$50,447.	12/12/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
150	DONATED STOCK	_	
152			
		\\$5,109.	12/17/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
323453 10-2-2	4-13		90, 990-EZ, or 990-PF) (2013)

Employer identification number

ADV C	INISE FOUNDATION			80-0587086
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization ic., contributions of \$1,000 or less for all space is needed.	(7), (8), or (10) ns completing Pa the year. <sub>(Enter this i</sub>	organizations that total more than \$1,000 for the urt III, enter nformation once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif		ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- - -		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif		ship of transferor to transferee
- -				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gif	_	
-	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** 

# 80-0587086 GARY SINISE FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 990, Part IV, line	6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		Yes No			
Paı	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an his	torically important land area			
	Protection of natural habitat	Preservation of a cert	ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it h					
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements d	uring the year			
7	Amount of expenses incurred in monitoring, inspecting, and er					
8	Does each conservation easement reported on line 2(d) above	-				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
Dai	conservation easements.	Art Historical Transcures or O	that Cimilar Assats			
Pai	T III Organizations Maintaining Collections of	·	ther Similar Assets.			
4.	Complete if the organization answered "Yes" to Form 9		and and belone about wells of out			
ıa	If the organization elected, as permitted under SFAS 116 (ASC	•				
	historical treasures, or other similar assets held for public exhilt	·	nce of public service, provide, in Part XIII,			
<b>L</b>	the text of the footnote to its financial statements that describe		t and balance about wayle of out historical			
D	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edu					
		acation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items:		<b>L</b> ¢			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>L</b> .			
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treas	curso, or other similar assets for financia				
2			ıı gairi, provide			
_	the following amounts required to be reported under SFAS 110	, ,	<b>L</b> ¢			
a	Revenues included in Form 990, Part VIII, line 1		P P			

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

Schedule D (Form 990) 2013

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	r Asse	<b>ts</b> (contin	ued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	⊢ 🔲 ւ	oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered '	'Yes" to	Form 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributio	ns or other as	sets not	included		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete in	f the organization an	swered	"Yes" to Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two year	s back	( <b>d)</b> Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	and administe	red for th	ne organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?					3b	
4										
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value									
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings			2	21,548.				21	1,548.
С	Leasehold improvements									
d	Equipment				22,823.		11,71			1,111.
	Other				2,884.	1	.08,91	2.		3,972.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colum	nn (B), line	10(c).)				36	5,631.

Schedule D (Form 990) 2013

		(1 01111 000) =0.10	
ı	Part VII	Investments -	Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of		d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			D	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	line 11c. See Form 990,	Part X, line 13.	id-of-year market value
	(b) Book value	(c) Method of	valuation. Cost of el	id-or-year market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990	Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(*)				
(8)				
(8) (9)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			<b>&gt;</b>	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"			m 990, Part X, line 25	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability		line 11e or 11f. See For	m 990, Part X, line 29	5.
(8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes			m 990, Part X, line 29	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			m 990, Part X, line 29	5.
(8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3)			m 990, Part X, line 29	5.
(8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4)			m 990, Part X, line 29	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			m 990, Part X, line 29	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			m 990, Part X, line 28	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			m 990, Part X, line 29	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			m 990, Part X, line 29	5.
(8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV,		m 990, Part X, line 29	5.
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	to Form 990, Part IV,	(b) Book value		

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Par	t XI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturr	<b>).</b>
	Complete if the organization answered "Yes" to Form 990, Part IV,				
1	Total revenue, gains, and other support per audited financial statements			1	9,234,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments				
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	36,385.		
е	Add lines 2a through 2d			2e	36,385.
3	Subtract line 2e from line 1			3	9,198,187.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,198,187.
Pai	t XII Reconciliation of Expenses per Audited Financial		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	5,809,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	36,385.		
е	Add lines 2a through 2d			2e	36,385.
3	Subtract line 2e from line 1			3	5,772,718.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	5,772,718.
Pai	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b	and 2b; Part V, line	1; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inform	nation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
COS	ST OF GOODS SOLD				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
COS	ST OF GOODS SOLD				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

GARY SINISE FOUNDATION 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 XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable cash grant non-cash assistance or assistance or government non-cash FMV, appraisal, assistance other) SNOWBALL EXPRESS 1333 CORPORATE DRIVE SUITE 105 IRVING, TX 75038 20-5627830 501(C)(3) 50,000 0 RELIEF AND RESILENCY HOPE FOR THE WARRIORS 1335 WESTERN BLVD SUITE E 501(C)(3) 0 JACKSONVILLE, FL 28546 20-5182295 5.000 GENERAL SUPPORT BOB HOPE USO TO PROVIDE FOOD FOR 203 WORLD WAY SUITE 200 RETURNING AND DEPLOYED 95-2302811 501(C)(3) 0 LOS ANGELES, CA 90045 26,460 MILITARY PERSONNEL TO PROVIDE FUNDING FOR TUNNELS TO TOWERS FOUNDATION THE BUILDING OF SMART 2361 HYLAN BLVD HOMES FOR RETURNING STATEN ISLAND, NY 10306 02-0554654 501(C)(3) 600,789, 0 VETERANS THAT NEED THE INDEPENDENCE FUND 45 NATIONAL BLVD BEAUFORT, SC 29907 26-0322088 501(C)(3) 15,000. 0 GENERAL SUPPORT TO PROVIDE FUNDING TO PROVIDE SUPPORT TO TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. - 1777 F STREET NW SURVIVORS OF MILITARY SUITE 600 - WASHINGTON, DC 20006 92-0152268 501(C)(3) 19.574. 0. PERSONNEL 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table .....

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance					
GI FILM FESTIVAL 2776 S ARLINGTON MILL DR ARLINGTON, VA 22206	20-5151171	501(C)(3)	30,000.	0.			GENERAL SUPPORT					
STEPPENWOLF THEATRE CO 758 W NORTH AVE CHICAGO, IL 60610	51-0149370	501(C)(3)	10,000.	0.			UNDERWRITING OF VETERANS					
OPERATION GRATITUDE, INC. 16444 REFUGIO RD ENCINO, CA 91436	20-0103575	501(C)(3)	10,000.	0.			GENERAL SUPPORT					
FRIENDS OF FIREFIGHTERS 202 CARROLL STREET BROOKLYN, NY 11231	01-0611469	501(C)(3)	25,000.	0.			GENERAL SUPPORT					
AIR WARRIOR COURAGE FOUNDATION 15313 FM 850 TYLER, TX 75707	77-0490412	501(C)(3)	9,000.	0.			GENERAL SUPPORT					
THE ALEETHIA FOUNDATION 1718 M STREET NW SUITE 1170 WASHINGTON, DC 20036	51-0529300	501(C)(3)	5,000.	0.			GENERAL SUPPORT					
AMERICAN VETERANS FORUM FOUNDATION 10450 S WHIPPLE CHICAGO, IL 60655	27-3675289	501(C)(3)	5,000.	0.			GENERAL SUPPORT					
FIRE FIGHTERS ASSISTING ARMED FORCES FAMILIES INC - 543 CROFTERS GLEN - FUQUAY VARINA, NC 27526	27-0389177	501(C)(3)	10,000.	0.			GENERAL SUPPORT					
BROOKLYN WALL OF REMEMBRANCE 2067 58TH STREET BROOKLYN, NY 11204	02-0589133	501(C)(3)	500.	0.			GENERAL SUPPORT					

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
BLACK FOREST FIRE 11445 TEACHOUT ROAD COLORADO SPRINGS, CO 80908	84-6041424	501(C)(3)	60,000.	0.			GENERAL SUPPORT					
USO LAS VEGAS 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	3,600.	0.			TO PROVIDE MEALS TO					
FIRE FAMILY TRANSPORT FOUNDATION 495 HANCOCK STREET BROOKLYN, NY 11233	11-3154956	501(C)(3)	25,000.	0.			GENERAL SUPPORT					
MOVE AMERICA FORWARD 8795 FOLSOM BLVD SUITE 102 SACRAMENTO, CA 95826	84-1627277	501(C)(3)	5,000.	0.			GENERAL SUPPORT					
PRESCOTT FIREFIGHTERS CHARITIES, INC 8056 E VALLEY ROAD - PRESCOTT VALLEY, AZ 86314	26-2524291	501(C)(3)	50,000.	0.			GENERAL SUPPORT					
PURPLE HEARTS REUNITED INC. 119 OVERLAKE DRIVE GEORGIA, VT 05454	46-0769514	501(C)(3)	5,000.	0.			GENERAL SUPPORT					
STAND UP AND PLAY FOUNDATION INC 615 PALMER ROAD BELLEAIR BLUFFS, FL 33770	27-2439757	501(C)(3)	15,000.	0.			TRI VALLEY WOUNDED WARRIORS BENEFIT CONCERT					
USO COUNCIL OF SAN DIEGO 303 A STREET SUITE 100 SAN DIEGO, CA 92101	95-1644030	501(C)(3)	8,313.	0.			TO PROVIDE MEALS FOR					
USO DALLAS FORT WORTH 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	24,215.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY RELIEF FOR NEEDY FAMILIES OF FALLEN					
MILITARY MEMBERS.	33	142,100.	0.		
Part IV Supplemental Information. Provide the information re	guired in Part I. lin	e 2. Part III. column	(b), and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):	<u></u>	<del>,</del>	. (-),		
NAME OF ORGANIZATION OR GOVERNMEN	T: TUNNEL	S TO TOWER	S FOUNDATI	ON	
(H) PURPOSE OF GRANT OR ASSISTANC	E: TO PRO	VIDE FUNDI	NG FOR THE	BUILDING	
OF SMART HOMES FOR RETURNING VETE	RANS THAT	NEED SPEC	CIALLY EQUI	PPED HOUSES	

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GARY SINISE FOUNDATION

**Employer identification number** 80-0587086

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., 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	1b		
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 in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		х
	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
		40 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	The storage of lines 4a-6, list the persons and provide the applicable amounts for each item in art in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			37
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2013

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 in 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 are not 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.

		(b) breakdown or	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	in prior Form 990	
(1) JUDITH OTTER	(i)	163,334.	0.	0.	0.	0.	163,334.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								
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	(ii)								

### **SCHEDULE 0** (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.

OMB No. 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

Name of the organization

GARY SINISE FOUNDATION

**Employer identification number** 80-0587086

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY OUTREACH AND EDUCATION-PROVIDES MEALS TO MILITARY PERSONNEL AND THEIR FAMILIES DURING THEIR LAYOVERS AT THE LOS ANGELES INTERNATIONAL AIRPORT, DALLAS FORT WORTH INTERNATIONAL AIRPORT AND NELLIS AIR FORCE BASE IN LAS VEGAS. PROVIDED FREE DINNER AND PERFORMANCES TO LOCAL VETERANS IN CHICAGO AND LOS ANGELES. THE AMBASSADORS COUNCIL REPRESENTS THE FOUNDATION'S MISSION AND PURPOSE THROUGH SPEAKING ENGAGEMENTS, PUBLIC APPEARANCES, AND LEADERSHIP OPPORTUNITIES AROUND THE WORLD. THE FOUNDATION AWARDED 5 SCHOLARSHIPS TO GRADUATE STUDENTS AT THE USC SCHOOL OF SOCIAL WORK.

FIRST-RESPONDERS-PROVIDED SUPPORT AND ASSSITANCE TO FIRST-RESPONDERS THROUGH DONATIONS TO ORGANIZATIONS THAT OFFER ASSISTANCE IN THE FORM OF TRANSPORTATION, FINANCIAL AND EMOTIONAL WELLNESS. THE FOUNDATION PROVIDED ASSISTANCE TO FIRE DEPARTMENTS IN THE FORM OF SUPPORT TO TRAIN FIREFIGHTERS, OFFERED ASSISTANCE TO FAMILIES OF FIREFIGHTERS LOST INTHE LINE OF DUTY AND PROVIDED NEEDED EQUIPMENT. EXPENSES \$ 569,159. INCLUDING GRANTS OF \$ 268,088. REVENUE \$ 0.

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

EXPLANATION: GARY SINISE AND MOIRA SINISE ARE MARRIED.

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

EXPLANATION: FORM 990 IS REVIEWED BY ANDREW OZUROVICH, CPA (AN OFFICER) AND THE FOUNDATION'S ATTORNEYS AT THE LAW FIRM OF HUNTON & WILLIAMS LLP.

Name of the organization  GARY SINISE FOUNDATION	Employer identification number 80-0587086
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ALL INTERESTED PERSONS MUST DISCLOSE TO THE	BOARD OR COMMITTEE
OF WHICH THEY ARE A MEMBER ALL FINANCIAL INTERESTS AND BO	ARD MEMBERSHIPS
AND ALL MATERIAL FACTS RELATING TO ANY ORGANIZATION ENTER	RING INTO A
TRANSACTION OR ARRANGEMENT WITH CORPORATION WHICH MAY RES	SULT IN A CONFLICT
OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: REVIEWED AND APPROVED BY THE BOARD OF DIRECT	ORS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO,	NH, NJ, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: FOUNDATION WEBSITE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	567,424.
MANAGEMENT AND GENERAL EXPENSES	21,017.
FUNDRAISING EXPENSES	65,092.
TOTAL EXPENSES	653,533.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	653,533.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR Y	ZEAR.

#### **SCHEDULE R** (Form 990)

## **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.

➤ See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Part I Identification of Disregarded Entities Comp		n Form 990, Part IV, line 33	B.				80-0587	086	
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total incor	me	<b>(e)</b> End-of-year	assets		(f) controlling entity	9
LT. DAN BAND LLC - 80-0697116  1901 AVE OF THE STARS, STE 1050  LOS ANGELES, CA 90067	MUSICAL ENTERTAINMENT PRIMARILY FOR USO AND OTHER MILITARY AND VETERANS ORG.	CALIFORNIA	649	,400.	179,763.		GARY SINISI	E FOUNDA	TION
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations Complete if the organization an	swered "Yes" on Form 990	, Part IV, line 34 be	ecause	it had one o	or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	empt Code Public charity		Dire	(f) ct controlling entity	entity?	
				30	T(C)(O))			Yes	No
							0.1.1.5		

Page 2

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 Part III organizations treated as a partnership during the tax year.

organization district the apparatus of the control												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disproportion allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or Faging (ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										H		
										+	$\dashv$	
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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 Part IV organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(t conti ent	(i) ction (b)(13) rolled tity?
		country)		or tracty		455515		Yes	No
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more r	elated organizations listed	in Parts II-IV?					
а	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				
С	Gift, grant, or capital contribution from related organization(s)				1c				
d	Loans or loan guarantees to or for related organization(s)				1d				
	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)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10				
р	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 co	mplete t	his line, including covered	relationships and transaction thresholds.					
	(a) (b) Name of related organization Transac		(c) Amount involved	(d)  Method of determining amount invo	olved				
	type (a		7 anodne mivorvod	Wicklind of dotoffilling afficant live	JIV CU				
1)									
2)									
3)									
4)									
5)									
6)									
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Schedule R (Form 990) 2013

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)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) l or Percentage ownership
	1										

#### 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
11	2 TON HVAC UNIT	12/31/13	SL	10.00	1	L6	21,549.				21,549.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS				П		21,549.				21,549.	0.		0.	0.
	FURNITURE & FIXTURES														
8	KNOLL OFFICE FURNITURE	12/31/12	SL	7.00	1	L 6	4,634.				4,634.			662.	662.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						4,634.				4,634.	0.		662.	662.
	MACHINERY & EQUIPMENT														
1	COMPUTER	05/10/11	SL	3.00	1	L6	550.				550.	305.		183.	488.
2	APPLE COMPUTER	07/06/11	SL	3.00	1	L6	4,184.				4,184.	2,092.		1,395.	3,487.
3	OFFICE FURNITURE	08/05/11	SL	7.00	1	L6	4,488.				4,488.	908.		641.	1,549.
4	TELEPHONE EQUIPMENT	09/14/11	SL	3.00	1	L6	345.				345.	153.		115.	268.
5	WIRELESS INTERNET	11/27/11	SL	3.00	1	L6	717.				717.	259.		239.	498.
7	COMPUTERS	06/06/12	SL	3.00	1	L6	8,140.				8,140.	1,583.		2,713.	4,296.
9	OFFICE SERVER	02/12/13	SL	3.00	1	L6	3,085.				3,085.			943.	943.
10	COMPUTER	08/01/13	SL	3.00	1	L6	1,314.				1,314.			183.	183.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						22,823.				22,823.	5,300.		6,412.	11,712.
	OTHER														
6	WEBSITE	01/01/11	SL	3.00	1	L6	108,250.				108,250.	72,166.		36,084.	108,250.

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<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						108,250.				108,250.	72,166.		36,084.	108,250.
	* GRAND TOTAL 990 PAGE 10 DEPR						157,256.				157,256.	77,466.		43,158.	120,624.