

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: GARY SINISE FOUNDATION. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): PO BOX 40726. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: NASHVILLE, TN 37204

D Employer identification number: 80-0587086. E Telephone number: (615) 575-3500. G Gross receipts \$ 68,040,178

F Name and address of principal officer: DONNA PALMER, PO BOX 40726, NASHVILLE, TN 37204

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

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

J Website: WWW.GARYSINISEFOUNDATION.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2010. M State of legal domicile: DE

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year values.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (DONNA PALMER EXECUTIVE DIRECTOR), Date (2023-11-15). Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date (2023-11-15), Check self-employed, PTIN (P00748170), Firm's name (SINGERLEWAK LLP), Firm's EIN (95-2302617), Firm's address (10960 WILSHIRE BOULEVARD 11TH FLOOR, LOS ANGELES, CA 900243783), Phone no. ((310) 477-3924).

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [] No. For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AT THE GARY SINISE FOUNDATION, WE SUPPORT OUR NATION'S HEROES, OUR VETERANS, MILITARY, THOSE SUFFERING FROM THE INVISIBLE WOUNDS OF WAR, FIRST RESPONDERS, THEIR FAMILIES, AND THE FAMILIES OF FALLEN HEROES. WE DO THIS BY OUR UNIQUE PROGRAMS THAT UPLIFT, ENTERTAIN, AND HELP THEM IN THEIR GREATEST TIME OF NEED THROUGH BUILDING COMMUNITIES OF SUPPORT.

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

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

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

4a (Code:) (Expenses \$ 28,690,189 including grants of \$ 14,716,736) (Revenue \$) RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, WOUNDED/ILL/INJURED VETERANS, THEIR LOVED ONES AND FAMILIES OF FALLEN HEROES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER 405 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 56 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM THE VIETNAM AND KOREAN WARS. IN 2022 THE FOUNDATION HOSTED 1,867 FAMILIES OF FALLEN HEROES AT THE REMOVE - VIRTUAL ANNUAL SNOWBALL EVENT AND 3,776 ATTENDEES AT SMALLER VIRTUAL AND IN-PERSON EVENTS TO ENGAGE THE FAMILIES ALL YEAR LONG.

4b (Code:) (Expenses \$ 10,579,690 including grants of \$ 1,516,326) (Revenue \$) THROUGH OUR R.I.S.E (RESTORING INDEPENDENCE, SUPPORTING EMPOWERMENT) PROGRAM WE'RE CONSTRUCTING ONE-OF-A-KIND SPECIALLY ADAPTED SMART HOMES FOR OUR NATION'S MOST SEVERELY WOUNDED VETERANS AND FIRST RESPONDERS. THIS INITIATIVE SUPPORTS OUR NATION'S WOUNDED HEROES, MANY WHO SUFFER FROM AMPUTATIONS, TRAUMATIC BRAIN INJURIES (TBI), BURNS, AND POST TRAUMATIC STRESS. THESE 100% MORTGAGE-FREE HOMES EASE THE DAILY CHALLENGES FACED BY THESE HEROES AND THEIR FAMILIES WHO SACRIFICE ALONGSIDE THEM. DURING THE FISCAL YEAR, THE GARY SINISE FOUNDATION COMPLETED 6 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES. BY THE END OF THE YEAR, THE FOUNDATION HAD COMPLETED 82 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION. IN ADDITION, THROUGH THE GSF R.I.S.E. PROGRAM, THE FOUNDATION ASSISTED WITH 17 ADAPTED VEHICLES, 12 MOBILITY DEVICES, AND 23 HOME MODIFICATIONS FOR AMERICA'S INJURED, WOUNDED, ILL/AGING DEFENDERS.

4c (Code:) (Expenses \$ 5,141,179 including grants of \$ 2,132,124) (Revenue \$) COMMUNITY OUTREACH AND EDUCATION WORKED HARD TO BRING JOY & RELIEF TO SO MANY ACROSS THE COUNTRY, INCLUDING PROVIDING CRITICAL FINANCIAL AID FOLLOWING HURRICANE IAN. THE PROGRAM ALSO DOCUMENTED ORAL HISTORY STORIES FROM WWII VETERANS AND THROUGH CONTINUED SPONSORSHIP OF A HISTORIAN FROM THE WORLD WAR II MUSEUM, GSF HAS HELPED TO DEVELOP AN AI PROFILE FOR INTERVIEWS SO THAT GUESTS CAN ALMOST ASK ANY QUESTION THEY'D LIKE TO ASK AND GET A RESPONSE. 345,869 ACTIVE DUTY, VETERANS AND FIRST RESPONDERS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AS PART OF OUR SERVING HEROES PROGRAM, CLOSING IN ON 850,000 MEALS SINCE GSF BEGAN THIS TRADITION. THESE MEALS ARE A MESSAGE FROM GRATEFUL AMERICANS WHO APPRECIATE THEIR SERVICE AND ARE A REMINDER THAT THEIR SACRIFICES ARE NOT FORGOTTEN. THE FOUNDATION HAS 31 AMBASSADORS WHO REPRESENT ITS MISSION THROUGH SPEAKING ENGAGEMENTS AND LEADERSHIP OPPORTUNITIES. THE ROSTER OF SPEAKERS INCLUDES PHILANTHROPIC CELEBRITIES, SEVERELY INJURED VETERANS, AND CONGRESSIONAL MEDAL OF HONOR RECIPIENTS. THE AMBASSADOR COUNCIL INSPIRES, EDUCATES AND REMINDS COMMUNITIES TO NOT ONLY RECOGNIZE THEIR LOCAL VETERANS, BUT TO REMEMBER THE SACRIFICES MADE BY ALL OF AMERICA'S DEFENDERS.

(Code:) (Expenses \$ 4,114,203 including grants of \$ 3,666,200) (Revenue \$ 144,541) WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY, THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED THE FISCAL YEAR PERFORMING 16 CONCERTS FOR ATTENDEES WORLDWIDE WITH MORE THAN 32,000 PARTICIPANTS.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA'S FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOMEN ARE INDISPENSABLE TO MAINTAINING THE SAFETY AND SUPPORT OF OUR LOCAL COMMUNITIES. GRANTS ASSISTED FIRST RESPONDERS WITH URGENT NEEDS FROM PROTECTIVE GEAR TO SAFETY EQUIPMENT. IN 2021, THE PROGRAM ASSISTED 135 DEPARTMENTS WITH OVER 1,603 PIECES OF EQUIPMENT.

4d	Other program services (Describe in Schedule O.) (Expenses \$ 4,114,203 including grants of \$ 3,666,200) (Revenue \$ 144,541)
4e	Total program service expenses 48,525,261

Part IV Checklist of Required Schedules

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

- 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*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

18		No
19		No
20a		No
20b		
21	Yes	

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Part IV Checklist of Required Schedules (continued)

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

is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		NO
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	59	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
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)?	4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

Table with columns for line numbers (12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17) and response options (Yes/No).

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



Section A. Governing Body and Management

Table for Section A with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and response options (Yes/No).

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

Table for Section B with columns for line numbers (10a, 10b, 11a, 12a, 12b, 12c, 13, 14) and response options (Yes/No).

15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶THE ORGANIZATION PO BOX 40726 NASHVILLE, TN 37204 (615) 575-3500

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MOIRA SINISE DIRECTOR	10.00	X					0	0	0
(2) PASTOR VELASCO DIRECTOR	10.00	X					0	0	0
(3) BARBARA TITUS DIRECTOR (UNTIL12/2022)	10.00	X					0	0	0
(4) GREGORY D GADSON DIRECTOR	10.00	X					0	0	0

(5) ROBERT PENCE DIRECTOR	10.00	X							0	0	0
(6) PATRICIA HOROHO DIRECTOR	10.00	X							0	0	0
(7) JIM SHUBERT DIRECTOR/TREASURER	10.00	X		X					0	0	0
(8) VINCENT BROOKS DIRECTOR/VICE CHAIR OF THE	10.00	X		X					0	0	0
(9) GARY SINISE CHAIR,PRESIDENT,DIRECTOR	20.00	X		X					0	0	0
(10) JOHN D HEUBUSCH DIRECTOR/SECRETARY	10.00	X		X					0	0	0
(11) MICHAEL R THIRTLE CEO (UNTIL 08/2022)	40.00			X					281,231	0	9,876
(12) DONNA E PALMER EXECUTIVE DIRECTOR (FROM 08/2022)	40.00			X					319,321	0	14,877
(13) ROBERT KILDUFF CFO	40.00			X					262,234	0	9,577
(14) JAMES RAVELLA VP OF PROGRAMS	40.00				X				178,119	0	23,003
(15) CRISTIN K BARTTER VP OF MARKETING	40.00					X			199,867	0	14,004
(16) GILBERT M BOSWORTH VP OF STRATEGIC INITIATIVES	40.00					X			138,443	0	4,215
(17) HANNAH LUPPINO DIRECTOR OF EVENTS	40.00					X			145,997	0	17,717

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) YATES BRYANT CONTROLLER	40.00					X		104,151	0	7,990
(19) SHANNON WOODWARD VP OF PHILANTHROPY	40.00					X		245,737	0	22,927
(20) ROBERT GEORGE DIRECTOR OF OUTREACH	40.00					X		123,694	0	26,585
(21) SARAH HOLLIS VP OF PHILANTHROPY	40.00					X		159,304	0	19,110
(22) DAVID KAHLE SENIOR PHILANTHROPIC ADVISOR	40.00					X		187,499	0	16,434
(23) CHRISTINA A KREISEL	40.00									

Officer/Key Employee	Compensation	Other Compensation	Total Compensation
SENIOR DIRECTOR-CORP/COMMUNITY DEV.	70,000		126,760
(24) LAURA M KRIEGER DIRECTOR OF RESEARCH-PHILANTHROPY	40,000		120,351
(25) COLLEEN E MOLLICA HR DIRECTOR	40,000		108,225
(26) KIMBERLY M PAYNE HR DIRECTOR	40,000		166,996
1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)			2,867,929

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEYFARTH SHAW LLP 233 S WACKER DR STE 8000 CHICAGO, IL 60606	LEGAL SERVICES	670,174
TECHNOLOGY LAB LLC 1829 JO JOHNSTON AVENUE NASHVILLE, TN 37203	IT CONSULTING	280,797
SINGERLEWAK LLP 10960 WILSHIRE BLVD 11TH FLOOR LOS ANGELES, CA 90024	ACCOUNTING SERVICES	251,722
NATHAN DAVIDSON 1745 WILCOX AVE APT 101 LOS ANGELES, CA 90028	MARKETING CONSULTING	117,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
--	-------------------	--	--------------------------------	--

Federated campaigns	1a
Contributions, Gifts, Grants, and Membership dues	1b
Other Amounts	1c
Similar fundraising events	1c

d Related organizations	1d
e Government grants (contributions)	1e
100,896	
f All other contributions, gifts, grants, and similar amounts not included above	1f
60,264,373	
g Noncash contributions included in lines 1a - 1f:\$	1g
2,477,777	
h Total. Add lines 1a-1f	▶ 60,365,269

2a Program Service Revenue	Business Code				
	f All other program service revenue.				
9 Total. Add lines 2a-2f.	▶				

3 Investment income (including dividends, interest, and other similar amounts)		1,043,759			1,043,759
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real				
	(ii) Personal				
	6b Less: rental expenses				
	6c Rental income or (loss)				
d Net rental income or (loss)	▶				
7a Gross amount from sales of assets other than inventory	(i) Securities	6,423,137			
	(ii) Other				
	7b Less: cost or other basis and sales expenses	6,646,758			
	7c Gain or (loss)	-223,621			
d Net gain or (loss)	▶				-223,621
a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	8b Less: direct expenses				
	c Net income or (loss) from fundraising events	▶			
9a Gross income from gaming activities. See Part IV, line 19	9a				
	9b Less: direct expenses				
	c Net income or (loss) from gaming activities	▶			
10a Gross sales of inventory, less returns and allowances	10a	195,790			

b Less: cost of goods sold		10b	51,249			
c Net income or (loss) from sales of inventory				144,541	144,541	
11a OTHER INCOME	Business Code	900099	12,223			12,223
b						
Other Revenue Misc Amt						
d All other revenue						
e Total. Add lines 11a-11d			12,223			
12 Total revenue. See instructions			61,342,171	144,541	0	832,361

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,644,926	16,644,926		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,386,460	5,386,460		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,098,238	444,960	263,314	389,964
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,073,357	1,650,353	976,630	1,446,374
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,773	10,442	6,179	9,152
9 Other employee benefits	402,865	163,224	96,591	143,050
10 Payroll taxes	360,760	146,165	86,496	128,099
11 Fees for services (non-employees):				
a Management				
b Legal	2,305,133	401,622	1,455,242	448,269
c Accounting	285,129		276,429	8,700
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,572		131,572	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,958,030	5,893,953	607,982	456,095
12 Advertising and promotion	358,015	19,715	338,300	
13 Office expenses	681,190	330,805	233,827	116,558
14 Information technology	745,790	135,048	456,095	154,647
15 Royalties				
16 Occupancy	996,043	384,214	262,433	349,396
17 Travel	1,410,338	1,087,385	115,844	207,109
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,527	31,527		
20 Interest	149,853	15,978	118,987	14,888

21 Payments to affiliates				
22 Depreciation, depletion, and amortization	485,583	196,662	110,081	178,840
23 Insurance	110,606	49,127	23,433	38,046
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION COSTS	8,026,110	8,026,110		
b SNOWBALL EXPRESS	5,339,209	5,339,209		
c FURNISHINGS	1,905,003	1,708,547	196,456	
d MERCHANDISE FEES	464,937	59,940	404,437	560
e All other expenses	783,588	398,889	102,961	281,738
25 Total functional expenses. Add lines 1 through 24e	59,160,035	48,525,261	6,263,289	4,371,485
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	27,240,414	1	29,359,179
	2 Savings and temporary cash investments	2,036,851	2	3,291,913
	3 Pledges and grants receivable, net	4,641,382	3	7,478,339
	4 Accounts receivable, net	0	4	1,307,314
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	307,453	8	353,495
	9 Prepaid expenses and deferred charges	357,064	9	392,180
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,973,694		
	b Less: accumulated depreciation	10b 2,626,311	1,548,435	10c 1,347,383
	11 Investments—publicly traded securities	43,536,326	11	37,046,795
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	47,255	15	3,308,058
16 Total assets. Add lines 1 through 15 (must equal line 33)	79,715,180	16	83,884,656	
Liabilities	17 Accounts payable and accrued expenses	864,307	17	6,161,540
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).	158,113	25	3,452,598

Complete Part X of Schedule D			
26	Total liabilities. Add lines 17 through 25	1,022,420	26 9,614,138
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	72,796,633	27 66,187,771
	28 Net assets with donor restrictions	5,896,127	28 8,082,747
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 Total net assets or fund balances	78,692,760	32 74,270,518
	33 Total liabilities and net assets/fund balances	79,715,180	33 83,884,656

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,342,171
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,160,035
3	Revenue less expenses. Subtract line 2 from line 1	3	2,182,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,692,760
5	Net unrealized gains (losses) on investments	5	-6,604,378
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 32, column (B))	10	74,270,518

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Table with 2 columns: Name of the organization (GARY SINISE FOUNDATION) and Employer identification number (80-0587086)

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	37,064,039	41,933,996	48,441,737	55,761,582	60,365,269	243,566,623
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4 Total. Add lines 1 through 3	37,064,039	41,933,996	48,441,737	55,761,582	60,365,269	243,566,623
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,056,274
6 Public support. Subtract line 5 from line 4.						237,510,349

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	37,064,039	41,933,996	48,441,737	55,761,582	60,365,269	243,566,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	550,651	567,818	556,455	819,520	1,043,759	3,538,203
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,000		2,335		12,223	23,558
11 Total support. Add lines 7 through 10						247,128,384
12 Gross receipts from related activities, etc. (see instructions)					12	2,001,171
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.110 %
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	95.470 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are						

not an unrelated trade or business under section 513					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .					
5 The value of services or facilities furnished by a governmental unit to the organization without charge					
6 Total. Add lines 1 through 5					
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c Add lines 7a and 7b. . .					
8 Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		

determination.

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in **Part VI**.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2022

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	

d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2022

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			

\$			
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

Schedule A (Form 990) (2022)

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202303199349325300 - Submission: 2023-11-15	TIN: 80-0587086
Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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

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
------------------------	--	--	----------------------

-	_____	_____ \$	_____
(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
-	_____	_____ \$	_____
(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
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 4

Name of organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
------------------------	---------------------	-----------------	-------------------------------------

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

Schedule B (Form 990) (2022)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (GARY SINISE FOUNDATION) and Employer identification number (80-0587086)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization policies.

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

Table with 3 columns: Question number, description, and Yes/No response. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-2d.

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

Table with 2 columns: Question number and description. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2022

Page 2

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,722,709	14,740,640	13,185,130	11,193,846	11,722,978
b Contributions					2,326
c Net investment earnings, gains, and losses	-2,279,439	2,043,566	1,609,579	2,045,993	-484,731
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	67,434	61,497	54,069	54,709	46,727
g End of year balance	14,375,836	16,722,709	14,740,640	13,185,130	11,193,846

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		94,640		94,640
b Buildings				
c Leasehold improvements		2,269,672	1,518,288	751,384
d Equipment		706,691	466,184	240,507
e Other		902,691	641,839	260,852
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,347,383

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE PROVISIONS. LT. DAN BAND LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT IS A DISREGARDED ENTITY UNDER THE INTERNAL REVENUE CODE. HOWEVER, LT. DAN BAND LLC IS SUBJECT TO A CALIFORNIA STATE LLC FEE AS WELL AS OTHER STATE AND TAX JURISDICTIONS. FOR CALIFORNIA INCOME TAX PURPOSES, A LIMITED LIABILITY COMPANY IS REQUIRED TO PAY A FEE BASED ON ITS GROSS RECEIPTS AS DEFINED, PLUS \$800 MINIMUM TAX ANNUALLY. THE ORGANIZATION'S FEDERAL INCOME TAX AND INFORMATIONAL RETURNS FOR TAX YEARS ENDING DECEMBER 31, 2019 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE RETURNS FOR CALIFORNIA, THE ORGANIZATION'S MOST SIGNIFICANT JURISDICTION, REMAIN SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD FOR TAX YEARS ENDING DECEMBER 31, 2018 AND SUBSEQUENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 51,249.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 51,249.

Schedule D (Form 990) 2022

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GARY SINISE FOUNDATION

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 80-0587086

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 20 rows of grant data.

NEWBERG, OR 97132							
(21) ATLANTIC EMERGENCY SOLUTIONS 5255 N STATE ROUTE 60 NW MCCONNELSVILLE, OH 43756	27-3187193	N/A	52,696	0			FIRST RESPONDER EQUIPMENT
(22) MID-ATLANTIC RESCUE SYSTEMS INC 11 BYTE CT SUITE A FREDERICK, MD 21702	26-0129307	N/A	51,711	0			FIRST RESPONDER EQUIPMENT
(23) 911 FLEET & FIRE EQUIPMENT 11 LENDALE DRIVE FLORENCE, KY 41042	82-5042862	N/A	50,000	0			FIRST RESPONDER EQUIPMENT
(24) CENTRAL ALABAMA TRAINING SOLUTIONS 5100 CULVER RD TUSCALOOSA, AL 35401	16-1695855	N/A	49,140	0			FIRST RESPONDER EQUIPMENT
(25) DANKO EMERGENCY EQUIPMENT 302 E 4TH STREET SNYDER, NE 68664	47-0560446	N/A	48,237	0			FIRST RESPONDER EQUIPMENT
(26) CASCADE FIRE EQUIPMENT COMPANY PO BOX 4248 MEDFORD, OR 97501	93-0883255	N/A	48,118	0			FIRST RESPONDER EQUIPMENT
(27) NORTHERN SAFETY & INDUSTRIAL PO BOX 4250 UTICA, NY 13504	16-1214814	N/A	47,613	0			FIRST RESPONDER EQUIPMENT
(28) MEMPHIS EQUIPMENT COMPANY 766 S B B KING BLVD MEMPHIS, TN 38106	62-0433104	N/A	46,850	0			ORGANIZATION SUPPORT GRANT
(29) METRO FIRE APPARATUS SPECIALISTS INC 17350 STATE HWY 249 STE 250 HOUSTON, TX 77064	17-6059876	N/A	45,256	0			FIRST RESPONDER EQUIPMENT
(30) JERRY INGRAM FIRE & RESCUE 209B W 2ND ST OTTAWA, KS 66067	86-1296163	N/A	44,379	0			FIRST RESPONDER EQUIPMENT
(31) NAFECO 2601 BELTLINE RD SW DECATUR, AL 35601	83-1828499	N/A	42,692	0			FIRST RESPONDER EQUIPMENT
(32) CURTIS TOOLS FOR HEROES 1635 SOUTH GRAMERCY ROAD SALT LAKE CITY, UT 84104	94-1214350	501(C)(3)	42,217	0			FIRST RESPONDER EQUIPMENT
(33) PIEDMONT FIRE INC PO BOX 381 LEXINGTON, NC 27293	14-2002410	N/A	41,312	0			FIRST RESPONDER EQUIPMENT
(34) PUPPY JAKE FOUNDATION PO BOX 12220 DES MOINES, IA 50312	46-1187854	501(C)(3)	40,000	0			SUPPORT SERVICES DOGS AND TRAINING FOR THEM
(35) M & T FIRE AND SAFETY 105 KASAN AVE VOLGA, SD 57071	46-0459058	N/A	39,330	0			FIRST RESPONDER EQUIPMENT
(36) MACQUEEN EMERGENCY 1125 7TH STREET EAST ST PAUL, MN 55106	45-6002036	N/A	38,350	0			FIRST RESPONDER EQUIPMENT
(37) ADRENALIN POWERSPORTS INC 1218 ENTERPRISE WAY GRIFFIN, GA 30224	05-0628311	N/A	36,499	0			FIRST RESPONDER EQUIPMENT
(38) MARINE CORPS COMMUNITY SERVICES (MCCS) SAN DIEGO PO BOX 452008 SAN DIEGO, CA 92145	91-1761905	501(C)(3)	35,860	0			SUPPORT CENTER FOR MILITARY PERSONNEL FOR AN AIRSHOW EVENT
(39) AMERICAN STUDIES CENTER/AMERICAN VETERANS 1100 N GLEBE ROAD SUITE 900 ARLINGTON, VA 22201	51-0232804	501(C)(3)	35,000	0			ORGANIZATION SUPPORT GRANT
(40) FELD FIRE 113 NORTH GRIFFITH ROAD CARROLL, IA 51401	42-1056649	N/A	34,275	0			FIRST RESPONDER EQUIPMENT
(41) EGLIN AFB MWR FUND 310 W VAN MATRE BLDG 210 EGLIN AIR, FL 32542	46-5625782	501(C)(3)	32,240	0			MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
(42) CITY OF GORDON VOLUNTEER FIRE DEPARTMENT PO BOX 310 GORDON, NE 69343	47-6006203	501(C)(3)	32,055	0			FIRST RESPONDER EQUIPMENT
(43) DINGES FIRE COMPANY INC 243 E MAIN ST AMBOY, IL 61310	82-4485864	N/A	31,600	0			FIRST RESPONDER EQUIPMENT
(44) OPERATION BBQ RELIEF PO BOX 414378 KANSAS CITY, MO 64141	45-2442792	501(C)(3)	30,000	0			MEALS FOR COMMUNITIES
(45) DANCING ANGELS FOUNDATION PO BOX 352 AUTRYVILLE, NC 29318	47-1445419	501(C)(3)	30,000	0			RESOURCES AND SCHOLARSHIPS TO DANCERS
(46) OSSPEE MOUNTAIN ELECTRONICS INC 832 WHITTIER HWY MOULTONBOROUGH, NH 03254	00-2047568	N/A	28,777	0			FIRST RESPONDER EQUIPMENT
(47) ESI EQUIPMENT INC 119 KEYSTONE DRIVE MONTGOMERYVILLE, PA 18936	23-2604738	N/A	28,767	0			FIRST RESPONDER EQUIPMENT
(48) BGS LLC	81-4329673	N/A	27,916	0			FIRST RESPONDER

Organization Name	Phone Number	Organization Type	Amount	Year	Category
PO BOX 1329 GONZALES, LA 70707					EQUIPMENT
(49) ADVANCED RESCUE SYSTEMS PO BOX 93459 CADDO MILLS, TX 75135	85-3487452	N/A	26,600	0	FIRST RESPONDER TRAINING
(50) HOPE FOR THE WARRIORS 8003 FORBES PLACE STE 201 SPRINGFIELD, VA 22151	20-5182295	501(C)(3)	25,000	0	ORGANIZATION SUPPORT GRANT
(51) FIRE FAMILY TRANSPORT FOUNDATION PO BOX 340949 BROOKLYN, NY 11234	11-3154956	501(C)(3)	25,000	0	TRANSPORTATIONS SERVICES FOR FIREFIGHTERS
(52) BUILDING HOMES FOR HEROES 4584 AUSTIN BOULEVARD ISLAND PARK, NY 11558	20-4540852	501(C)(3)	25,000	0	BUILD HOMES FOR VETERANS
(53) DAYTON-WRIGHT CHAPTER OF AFCEA PO BOX 751692 DAYTON, OH 45475	52-1431936	501(C)(3)	25,000	0	SERVICES TO MILITARY AND GOVERNMENT OFFICIALS
(54) CODE 4 FIRE & RESCUE INC 300 INTERNATIONAL DRIVE SUITE 100 WILLIAMSVILLE, NY 14221	51-0642288	N/A	23,530	0	FIRST RESPONDER EQUIPMENT
(55) FIRE AND RESCUE PRODUCTS 4230 INDUSTRIAL ROAD HARRISBURG, PA 17110	87-3496067	N/A	23,494	0	FIRST RESPONDER EQUIPMENT
(56) LOS ANGELES POLICE FOUNDATION 633 WEST 5TH STREET SUITE 960 LOS ANGELES, CA 90071	95-4700442	501(C)(3)	20,000	0	FIRST RESPONDER TRAINING
(57) ARMY MORALE WELFARE AND RECREATION 450 RADFORD BOULEVARD BLDG 4143 PENSACOLA, FL 32508	59-3361104	501(C)(3)	20,000	0	FIRST RESPONDER EQUIPMENT
(58) FIRE CONNECTIONS INCORPORATED 2520 NORTH WESLEYAN BOULEVARD ROCKY MOUNT, NC 27804	26-1472745	N/A	19,833	0	FIRST RESPONDER EQUIPMENT
(59) KUSTOM SIGNALS 9652 LOIRET BLVD SHAWNEE MISSION, KS 66219	05-4085196	N/A	19,364	0	FIRST RESPONDER EQUIPMENT
(60) CHICKASAW PERSONAL COMMUNICATIONS PO BOX 2556 ARDMORE, OK 73402	73-1347084	N/A	18,559	0	FIRST RESPONDER EQUIPMENT
(61) PHOENIX SAFETY OUTFITTERS PO BOX 20445 UPPER ARLINGTON, OH 43220	41-2241348	501(C)(3)	18,100	0	FIRST RESPONDER EQUIPMENT
(62) RESCUE ESSENTIALS 3811 INTERNATIONAL BOULEVARD NORTHEAST STE 100 LELAND, NC 28451	26-3669072	N/A	17,729	0	FIRST RESPONDER EQUIPMENT
(63) KIMTEK CORPORATION 326 INDUSTRIAL PARK LANE ORLEANS, VT 05860	04-2888193	N/A	17,335	0	FIRST RESPONDER EQUIPMENT
(64) FIRE TECH & SAFETY OF NEW ENGLAND INC PO BOX 435 WINTHROP, ME 04364	01-0402493	N/A	16,875	0	FIRST RESPONDER EQUIPMENT
(65) BERGERON PROTECTIVE CLOTHING 1024 SUNCOOK VALLEY HWY UNIT 5D EPSOM, NH 03234	02-0514084	N/A	16,681	0	FIRST RESPONDER SAFETY UNIFORMS
(66) GREATER TUCSON FIRE FOUNDATION 8987 E TANQUE VERDE ROAD SUITE 309 TUCSON, AZ 85749	27-3155431	501(C)(3)	15,000	0	FIRST RESPONDER EQUIPMENT
(67) CADDIE SCHOOL FOR SOLDIERS 6 RHONDA DRIVE SCARBOROUGH, ME 04074	85-0596516	501(C)(3)	15,000	0	MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
(68) AMERICAN MERCHANT MARINE VETERANS INC PO BOX 2024 DORIEN, CT 06820	65-0021362	501(C)(3)	15,000	0	ORGANIZATION SUPPORT GRANT
(69) DIGITALLY ALLY INC PO BOX 413183 KANSAS CITY, MO 64141	20-0064269	N/A	14,685	0	FIRST RESPONDER EQUIPMENT
(70) AED PROFESSIONALS PO BOX 700 PALATINE, IL 60078	36-2171726	N/A	14,613	0	FIRST RESPONDER EQUIPMENT
(71) BOB HOPE USO 2111 WILSON BOULEVARD ARLINGTON, VA 22201	95-2302811	501(C)(3)	14,409	0	SUPPORT ENTERTAINMENT FOR MILITARY
(72) LEO M ELLEBRACHT COMPANY 104 MULLACH COURT SUITE 1028 WENTZVILLE, MO 63385	43-0897719	N/A	13,703	0	FIRST RESPONDER TRAINING
(73) ISIMULATE LLC PO BOX 745421 ATLANTA, GA 30374	35-2460543	N/A	10,490	0	FIRST RESPONDER EQUIPMENT
(74) OSCAR MIKE FOUNDATION	45-3819657	501(C)(3)	10,000	0	SPONSOR A NATIONAL RUGBY TEAM EVENT

Organization Name	Phone	Section	Amount	Other	Category
3501 WELLINGTON COOKI AP1 401 ROLLING MEADOWS, IL 60008					FUR INJURED VETERANS
(75) CAMP 4 HEROES 176 ZIMP ROAD FAIRMONT, NC 28340	81-1555077	501(C)(3)	10,000	0	DELIVER CARE PACKAGES TO DEPLOYED TROOPS
(76) OPERATION GRATITUDE 9409 OWENSMOUTH AVENUE LOS ANGELES, CA 91311	20-0103575	501(C)(3)	10,000	0	MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT
(77) NATIONAL WOOD FLOORING ASSOCIATION 111 CHESTERFIELD INDUSTRIAL BLVD CHESTERFIELD, MO 63005	62-1289602	501(C)(3)	9,156	0	MEALS FOR VETERANS
(78) DIAMEDICAL USA 7013 ORCHARD LAKE RD STE 110 WEST BLOOMFIELD, MI 48322	27-0155770	NA	7,959	0	FIRST RESPONDER EQUIPMENT
(79) PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 28173	13-4148824	501(C)(3)	7,500	0	TRAIN SERVICE DOGS
(80) GALLS PO BOX 71628 CHICAGO, IL 60694	20-3545989	N/A	7,400	0	FIRST RESPONDER EQUIPMENT
(81) CHASE MECHANICAL 120 INDUSTRIAL DR UNIT B SOUTHINGTON, CT 06489	06-1127325	N/A	7,150	0	INSTALL WASH STATION FOR FIRST RESPONDER
(82) MARSARS WATER RESCUE SYSTEMS INC 8 ALGONKIN ROAD SHELTON, CT 06484	98-1152200	N/A	6,793	0	FIRST RESPONDER EQUIPMENT
(83) AMERICAN RED CROSS 3950 CALLE FORTUNADA SAN DIEGO, CA 92123	53-0196605	501(C)(3)	6,500	0	SUPPORT DISASTER RELIEF
(84) CROSS PLAINS VOLUNTEER FIRE DEPARTMENT PO BOX 339 CROSS PLAINS, TX 76443	75-2936116	501(C)(3)	6,345	0	FIRST RESPONDER EQUIPMENT
(85) CSRA NAVY HERITAGE AND CULTURAL ASSOCIATION CENTRAL SAVANNA RIVER AREA 537 BRAINARD AVE FORT GORDON, GA 30905	58-2494264	501(C)(3)	6,000	0	ORGANIZATION SUPPORT GRANT
(86) BOUND TREE 5000 TUTTLE CROSSING BOULEVARD DUBLIN, OH 43016	31-1739487	N/A	6,000	0	FIRST RESPONDER EQUIPMENT
(87) DIVAL SAFETY EQUIPMENT INC 1721 NIAGARA STREET BUFFALO, NY 14207	16-1104585	N/A	5,990	0	FIRST RESPONDER EQUIPMENT
(88) NEWTON'S FIRE AND SAFETY 2724 DARRELL NEWTON DR GRAHAM, NC 27253	56-1340046	N/A	5,765	0	FIRST RESPONDER EQUIPMENT
(89) FIRST ALERT STORE 407 N QUENTIN ROAD PALATINE, IL 60067	04-3157075	N/A	5,273	0	FIRST RESPONDER EQUIPMENT
(90) IMWRF PO BOX 33066 MCCHORD, WA 98433	57-0511846	501(C)(3)	5,160	0	MORALE, WELLNESS AND RECREATION PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42
 3 Enter total number of other organizations listed in the line 1 table 48

Schedule I (Form 990) 2022 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM	405	2,573,944			
(2) PURCHASED 17 ADAPTIVE VEHICLES	17	1,184,155			
(3) PURCHASED 12 MOBILITY ASSISTANCE DEVICES	12	225,872			
(4) HOME MODIFICATIONS FOR 23 VETERANS	23	1,402,489			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE PROVIDED TO THOSE WHO SUBMIT FORMAL REQUESTS OR ARE REFERRED TO THE FOUNDATION FROM TRUSTED PARTNER ORGANIZATIONS. ONCE APPLICATIONS ARE REVIEWED, THE FOUNDATION HAS PROCEDURES IN PLACE TO RETRIEVE PROPER BACKGROUND/BACKUP INFORMATION NEEDED TO SUPPORT THE GRANT RECIPIENT BASED ON THEIR SPECIFIC NEEDS. WRITTEN MOU'S ARE ENTERED INTO THE FOUNDATION AND THE GRANT RECIPIENT WHEN DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES.

Additional Data

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2022

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Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (GARY SINISE FOUNDATION), Employer identification number (80-0587086)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) regarding compensation questions, including travel, housing, and severance payments. Includes checkboxes for 'Yes' and 'No'.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

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

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include Donna E Palmer, Michael R Thirtle, Robert Kilduff, and Shannon Woodward.

5 CRISTIN K BARTTER
VP OF MARKETING

(i)	199,867	0	0	6,014	7,990	213,871	0
(ii)	0	0	0	0	0	0	0

6 DAVID KAHLE
SENIOR PHILANTHROPIC ADVISOR

(i)	187,499	0	0	0	16,434	203,933	0
(ii)	0	0	0	0	0	0	0

7 JAMES RAVELLA
VP OF PROGRAMS

(i)	178,119	0	0	0	23,003	201,122	0
(ii)	0	0	0	0	0	0	0

8 SARAH HOLLIS
VP OF PHILANTHROPY

(i)	159,304	0	0	0	19,110	178,414	0
(ii)	0	0	0	0	0	0	0

9 KIMBERLY M PAYNE
HR DIRECTOR

(i)	166,996	0	0	1,713	3,337	172,046	0
(ii)	0	0	0	0	0	0	0

10 HANNAH LUPPING
DIRECTOR OF EVENTS

(i)	145,997	0	0	4,129	13,588	163,714	0
(ii)	0	0	0	0	0	0	0

11 ROBERT GEORGE
DIRECTOR OF OUTREACH

(i)	123,694	0	0	3,681	22,904	150,279	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	PER CONFIDENTIALITY AGREEMENTS SIGNED BY THE ORGANIZATION, SEVERANCE PACKAGES PAID TO EMPLOYEES ARE NOT OPEN FOR PUBLIC INSPECTION.

Schedule J (Form 990) 2022

Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROBERT GEORGE	SON-IN-LAW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE	123,694	COMPENSATION		No
(2) GAVIN TREESE	NEPHEW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE	88,987	COMPENSATION		No
(3) CAMDEN FELDMAN	SON-IN-LAW OF BOARD DIRECTORS, GARY SINISE AND MOIRA SINISE	76,859	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990) 2022

Additional Data

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Software ID:
Software Version:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GARY SINISE FOUNDATION

Employer identification number

80-0587086

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, CONSTRUCTION, and Other.

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

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization didn't report an amount in column (c) for a type of property...).

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

Cat. No. 51227J

Schedule M (Form 990) (2022)

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

Return Reference	Explanation
PART I, LINE 32B:	THE ORGANIZATION USES STOCK BROKERS TO SELL SECURITIES UPON RECEIPT.

Schedule M (Form 990) (2022)

Additional Data

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Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202303199349325300 - Submission: 2023-11-15	TIN: 80-0587086
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceName of the organization
GARY SINISE FOUNDATION

Employer identification number

80-0587086

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GARY SINISE AND MOIRA SINISE ARE MARRIED.
FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION'S SOLE MEMBER IS GARY SINISE.
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER HAS THE RIGHT TO APPOINT THE MEMBERS OF THE FOUNDATION'S GOVERNING BODY. THE FULL BOARD ACKNOWLEDGES THE APPOINTMENT OF ALL NEWLY APPOINTED BOARD OF DIRECTORS. THE APPOINTMENT OF A DIRECTOR FOR A SECOND, THIRD, AND/OR FOURTH CONSECUTIVE TERM ALSO REQUIRES THE AFFIRMATIVE VOTE OF A MAJORITY OF ALL DIRECTORS THEN IN OFFICE IN ORDER TO BE EFFECTIVE.
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNANCE DECISIONS OF THE FOUNDATION ARE RESERVED TO ITS SOLE MEMBER.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE FOLLOWING: (1) DONNA PALMER, EXECUTIVE DIRECTOR (2) BARBARA TITUS, SR. VP OPERATIONS/ACTING CFO (3) JOHN HEUBUSCH, CHAIR OF THE AUDIT COMMITTEE (4) LEGAL COUNSEL. THE RETURN IS THEN PROVIDED TO THE REST OF THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL INTERESTED PERSONS MUST DISCLOSE TO THE BOARD OR COMMITTEE OF WHICH THEY ARE A MEMBER ALL FINANCIAL INTERESTS AND BOARD MEMBERSHIPS AND ALL MATERIAL FACTS RELATING TO ANY ORGANIZATION ENTERING INTO A TRANSACTION OR ARRANGEMENT WITH THE FOUNDATION WHICH MAY RESULT IN A CONFLICT OF INTEREST. ANNUALLY THE BOARD OF DIRECTORS RECEIVE AN ANNUAL CONFLICT OF INTEREST POLICY AFFIRMATION AND DISCLOSURE STATEMENT. EACH BOARD MEMBER IS REQUIRED TO SIGN AND RETURN TO THE FOUNDATION THE ACKNOWLEDGEMENT AND CERTIFICATION.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO AND EXECUTIVE DIRECTOR WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW.GUIDESTAR.ORG
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 5,893,953. MANAGEMENT AND GENERAL EXPENSES 607,982. FUNDRAISING EXPENSES 456,095. TOTAL EXPENSES 6,958,030.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data**Return to Form****Software ID:**
Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GARY SINISE FOUNDATION

Employer identification number 80-0587086

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Includes entry for LT DAN BAND LLC.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

