efil	e Pu	ıblic Visı	ual Render ObjectId: 202312519349300806 - Submission	: 2023-0	9-08	т	IN: 52-1104476		
Form	00	20	Return of Organization Exempt From I	ncom	e Tax		OMB No. 1545-0047		
Form	32	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Do not enter social security numbers on this form as it may	except pri	vate foundati	ons)	2022		
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the lat	est inforn	nation.		Open to Public Inspection		
A F	or th	ne 2022 ca	alendar year, or tax year beginning 01-01-2022 ,and ending 12-31-2	2022					
		applicable:	C Name of organization US NAVY MEMORIAL FOUNDATION		D Employe	r identi	fication number		
_		change hange			52-1104	476			
	tial re	-	Doing business as		-				
_		rn/terminated			E Telephone	numbei	-		
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 PENNSYLVANIA AVENUE NW 123		(202) 38	80-0762	2		
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20004		G Gross rec	eints ¢ [5 757 340		
			F Name and address of principal officer:	l(a) Is thi			0-0,70		
			REAR ADM FRANK THORP IV	IV UE NW 123 Subordinates?					
I Tax	k-exer	mpt status:	✓ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527	inclue If "Ne	ded? o," attach a li	st. See	Yes No		
J W	ebsi	te: 🕨 WW			p exemption				
K Forr	n of o	organization:	Corporation Trust Association Other	Year of form	ation: 1977	M State	of legal domicile: IL		
Pa	art I	Sum	marv						
Activities & Governance	2 3 4 5	Number o Number o	s box ► □ of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) . nber of individuals employed in calendar year 2022 (Part V, line 2a)			3 4 5	20 19 32		
MIX	6		ber of volunteers (estimate if necessary)			6	2		
A	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		•	7a	100,100		
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0		
				Pri	ior Year		Current Year		
9	8		ions and grants (Part VIII, line 1h)		5,137,98	34	4,552,110		
Revenue	9		service revenue (Part VIII, line 2g) • • • • • • • • • • • • •		223,93		451,523		
Rei			nt income (Part VIII, column (A), lines 3, 4, and 7d)		63,20		73,168		
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,647,2		188,454 5,265,255		
			ad similar amounts paid (Part IX, column (A), lines 1–3)		576 172	0	0		
			baid to or for members (Part IX, column (A), line 4)			0	0		
ŝ			other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,411,34	42	1,738,857		
nse	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)		294,00	00	305,000		
Exp enses	b	Total fundra	aising expenses (Part IX, column (D), line 25) ▶1,203,926						
G	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,413,909 3,					
					3,413,90		3,799,553		
es	19	Revenue	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,119,2		5,843,410		
- 6			enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12	Beginning		31			
iets lanc	20		less expenses. Subtract line 18 from line 12	Beginning	5,119,2 527,9 of Current Ye	31 ar	5,843,410 -578,155 End of Year		
Assets I Balanc		Total asse	less expenses. Subtract line 18 from line 12	Beginning	5,119,2 527,98 of Current Ye 3,731,9	31 ar 55	5,843,410 -578,155 End of Year 3,653,828		
Net Assets or Fund Balances	21	Total asse Total liabi	less expenses. Subtract line 18 from line 12	Beginning	5,119,2 527,9 of Current Ye	31 ar 55 56	5,843,410 -578,155 End of Year		

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

	Cignature of office								
	Signature of officer					Date			
ere			PRESIDENT AND CE	80					
/					Data		DTIN		
- ! -!	Print/Type prepar	er's name	Preparer	s signature	Date	Check 🗌 if	PTIN P00173692		
-	Firm's name						8-2730877		
		CHERRY DERVE					0 2730077		
se Only						Phone no. (301) 589-9000		
Paid Prepagare Use Only Imms name CHERKY BEKAERT ADVISORY LLC Films EN M = 8:2730877 Imms EN M = 8:2730877 Films EN M = 8:2730877 Films EN M = 8:2730877 May the IRS discuss this return with the preparer shown above? See Instructions. Imms EN M = 8:2730877 May the IRS discuss this return with the preparer shown above? See Instructions. Imms EN M = 8:2730877 Part III Statement of Program Service Accomplishments Check IF Schedule 0 contains a response or note to any line in this Part III Imms EN M = 8:2740877 IB niefly describe the organization's mission: Imms EN M = 8:2740877 IB niefly describe the organization sinsion: Imms EN M = 8:2740877 IB niefly describe the organization sinsion: Imms EN M = 8:264 Services AND THE IMPONENCES EN W, MARINE CORPS, COAST CUARD AND MERCHAIN MARINE COAST DESCRIPTION OF THE UNITED STATES. ID Id the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 Imms EN M = 8:365 Services Ann Poul Martina and allocations to others, the total expense Section 5010(3) and 5010(3) and 5010(3) corpare service accomplishments for each of its three largest program services, as measured by expense Section 5010(3) and 5010(2) organisations are required to report the amount of grants and allocations to others, the total expense Section 5010(3) and 5010(2) organisations are required to report the amount of grants and allocations to others, the total expense section 5010(3) and 5010(2) organizations are requi									
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r Paperwo	rk Reduction Act M	lotice, see th	e separate ins	tructions.	Cat.	No. 11282Y		Form 99	0 (2
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				Page 2					
m 990 (20	22)								Pa
Part III	Statement of Pro	ogram Serv	ice Accompli	shments					
	Check if Schedule O	contains a res	ponse or note to	any line in this Part III					
Briefly o	describe the organiza	ation's mission	:						
VY MEMOR	IAL SERVES TO EDU	CATE AND INS	PIRE THE AMER	CAN PEOPLE ABOUT T	THE VITAL ROLE	ST GUARD AND THAT THE SEA S	MERCHANT SERVICES PL	MARINE. AY IN OUI	THE R
Did the	5		cant program se	rvices during the year	which were not	listed on			
Alle a secola		Z?					×	Yes 🗆	NO
			chadula O						
If "Yes,"	" describe these new	services on S		changes in how it cor	iducts any prog	ram			
If "Yes," Did the	describe these new organization cease o	services on S		c changes in how it cor	iducts, any progi	ram		Ves	~ N
If "Yes," Did the services	describe these new organization cease of ?	services on S conducting, or	make significant	changes in how it cor	iducts, any progi	ram • • • •		Yes	V N
If "Yes," Did the services If "Yes,"	" describe these new organization cease o s?	services on S conducting, or 	make significant						
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3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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>	4		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? If "Yes," complete Schedule C, Part III .	5		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</i> ,Part I 🗐 .	6		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> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	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> 🗐	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗐	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	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)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ዄ	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "S	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions.	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

	Page 4		
Form 990 ((2022)		Page 4
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? If "Yes," complete Schedule I, Parts I and III

22

23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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</i> ,Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	280 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ldots 😵	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31		Yes	No
	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	
		F	orm 99	0 (2022)
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	990 (2022)			Page 5

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Part V Statements Regarding Other IRS Filings and Tax Compliance (c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and https://projects.propublica.org/nonprofits/organizations/521104476/202312519349300806/full

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	Iax Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
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? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
-	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
с	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).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
с	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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		No
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.			
а	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:			
а	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 b	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form	990 (2022)			Page 6
Pa	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 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	-		
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
	in b. Poneles (This section b requests information about poneles not required by the Internal Revenue		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy? \ldots \ldots \ldots \ldots \ldots	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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		
Se	ection C. Disclosure	··		

17 List the states with which a copy of this Form 990 is required to be filed

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

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.

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-----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.

State the name, address, and telephone number of the person who possesses the organization's books and records: SCOTT MATIRNE 701 PENNSYLVANIA AVENUE NW 123 WASHINGTON, DC 20004 (202) 380-0762 20

Form 990 (2022)

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Form 990 ((2022) Page 7
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	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year.	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
	ll of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount sation. 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."
who receiv	e organization's five current highest compensated employees (other than an officer, director, trustee or key employee) ed 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 zation 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	rage Position (do not check more than rs per one box, unless person is both an k (list officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) ADM JOHN C HARVEY JR USN RET CHAIRMAN	1.00	х		x				0	0	0
(2) VADM CAROL M POTTENGER USN RET	1.00	х		х				0	0	0
(3) MR JOHN B BURKE TREASURER	1.00	х		х				0	0	0
(4) VADM HAROLD D STARLING USN RET	1.00	х		х				0	0	0
(5) MR JOHN P BUSH DIRECTOR	1.00	х						0	0	0
(6) MS JACQUELINE ARENDS DIRECTOR	1.00	х						0	0	0
(7) MR LAWRENCE DI RITA DIRECTOR	1.00	х						0	0	0
(8) MR FRANK B GLASSNER DIRECTOR (RESIGNED 5/27/22)	1.00	х						0	0	0
(9) RADM MARK HEINRICH SC USN RET DIRECTOR	1.00	х						0	0	0
(10) MCPON JAMES L HERDT USN RET DIRECTOR	1.00	x						0	0	0
(11) MR MATTHEW H KIRTLAND	1.00	.,						-	_	<u>_</u>

10/23/24.	9.46 PM	
10/25/27,	7.40 I IVI	

10/25/24, 9.401141	•		and a build attom	I ui	11111	116 11	onpi	ont Explorer 110	n ublica	
DIRECTOR		х						U	U	U
(12) MR THOMAS R KUHN DIRECTOR	1.00	х						0	0	C
(13) CDR HARRY COKER JR USN RET DIRECTOR	1.00	x						0	0	0
(14) MS JO DECKER DIRECTOR	1.00	х						0	0	0
(15) CAPT JOSEPH L SPRUILL USN RET DIRECTOR	1.00	х						0	0	0
(16) MR VICTOR S TRIONE DIRECTOR	1.00	х						0	0	0
(17) RDML FRANK THORP IV USN RET PRESIDENT/CEO	40.00	х		x				245,697	0	6,300
			-					•	Fi	orm 990 (2022)

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

(A) Name and title	hours per week (list	of	ition (do not cl box, unless pe ficer and a dire	erso	n is r/tru	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations	
8) VADM LUKE MCCOLLUM USN RET	1.00	х						0	0	0	
RECTOR		····^						0	0	0	
9) RADM SAMUEL PEREZ JR USN RET	1.00	х						0	0	0	
RECTOR		···.^						0	0	0	
0) CDR WILLIAM NEWELL USN RET	1.00	х						0	0	0	
RECTOR		····^						5	9	5	
1) MR MATTHEW PREVITS	1.00	х						0	0	0	
RECTOR		^						0	0	0	
2) MR SCOTT D MATIRNE	40.00			х				146,233	0	9,280	
-0				^				140,233	0	9,200	
3) MS ERIN HARROUN	40.00					x		136,548	0	6,725	
OF PROGRAMS & ENGAGEMENT						^		130,348	0	0,723	
4) VICTOR SMITH RECTOR, NAT'L CHIEF'S MESS	40.00					x		113,065	0	3,150	

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 \blacktriangleright 4
--

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		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>	4	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? If "Yes," complete Schedule J for such person	5		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)	(B)	(C)
Name and business address	Description of services	Compensation
ALONGI MEDIA SOLUTIONS	VIDEO FILMING AND PRODUCTION	338,990
119 COBBLESTONE BLVD MONROE TOWNSHIP, NJ 08831		
NNE MARKETING LLC	DIRECT MAIL CONSULTING	305,000
1666 MASSACHUSETTS AVE STE 14 LEXINGTON, MA 02420		
THE KORTH COMPANIES INC	CONSTRUCTION	165,771
9101 GAITGHER ROAD GAITHERSBURG, MD 20877		
OCCASIONS CATERERS	EVENT CATERING	128,862
655 TAYLOR STREET NE WASHINGTON, DC 20017		
HARGROVE INC	EVENT PRODUCTION	116,256
1 HARGROVE DRIVE LANHAM, MD 20706		
2 Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization ▶ 6	eceived more than \$100,000 of	
		Form 990 (2022)

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Form 990 (20)22)						Page 9
Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a resp	onse 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
	d campaigns	1a					
Contributions Sifts, Grants, and Members	5,						
and Members	ship dues	1b					
DtherAmt							
AnfioEntedrais	ing events	1c					
d Related of	organizations	1d					
e Governme	ent grants (contributions)	1e					
	contributions, gifts, grants, ir amounts not included	1f					
4,55	2,110						
g Noncash c lines 1a -	contributions included in 1f:\$	1g					
20	0 577						
	0,577 dd lines 1a-1f		4,552,110				
·			Business Code				
2a VISIT	OR CENTER		900099	266,101	266,101		

W		1 1				
NAVY CEREMONY		900099	185,422	185,422		
Be						
vice						
am		-				
Program						
f All other program	service revenue	-				
	2a-2f	451,523				
	e (including dividends,	;				
similar amounts)		•	33,637			33,637
	tment of tax-exempt b		562			562
5 Royalties	(i) Real		563			563
	(I) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income						
or (loss)	6c					
d Net rental incom		-				
	(i) Securities	(ii) Other				
7a Gross amount from sales of	7a 389,1	65				
assets other than inventory						
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss	7b 349,6	34				
sales expenses						
Gain or (loss)	7c 39,5	31				
d Net gain or (loss			39,531			39,531
(not including \$ contributions report	of					
See Part IV, line 18						
b Less: direct expe	nses 8b					
c Net income or (lo	ss) from fundraising ev	vents 🕨				
9a Gross income from	gaming activities.					
See Part IV, line 1						
b Less: direct expe	nses 9b					
c Net income or (lo	ss) from gaming activi	ties 🕨				
10a Gross sales of inv	antony loss					
returns and allow		200,593				
b Less: cost of goo	ds sold 10b	142,451				
c Net income or (lo	ss) from sales of inven	tory 🕨	58,142	58,142		
		Business Code				
11a _{AFFINITY} PROGE	RAM .	900099	100,100		100,100	
b						
ъ						
her f evenueMiscAmt						
d All other revenue		1	29,649			29,649
e Total. Add lines	11a-11d	🕨	129,749			
12 Total revenue.	See instructions	🕨		500.005	100.100	100.000
		1	5.265.255	509.665	100,100	103.380

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Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns.	All other organization	ons must complete colu	ımn (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, 'b, 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		·		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	407,510	261,631	59,773	86,10
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	1,129,825	725,373	165,722	238,73
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,210	7,197	1,644	2,36
9 Other employee benefits	47,484	30,486	6,965	10,03
10 Payroll taxes	142,828	91,699	20,950	30,17
11 Fees for services (non-employees):				
a Management				
b Legal	5,233		5,233	
c Accounting .	41,000		41,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	305,000			305,00
f Investment management fees			F	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	621,344	597,047	22,460	1,83
12 Advertising and promotion	27,123	12,748	10,985	3,39
13 Office expenses	909,283	730,683	81,404	97,19
14 Information technology	138,339	12,896	39,045	86,39
15 Royalties				
16 Occupancy	1,118,676	1,030,265	45,946	42,46
17 Travel	30,876	20,016	17	10,84
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	279,181	261,973	8,416	8,79
20 Interest	788			78
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,065	206,307	22,758	
23 Insurance		_00,007	,	
 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 DIRECT MAIL CAMPAIGNS	344,298	115,045	0	229,25
b UBI TAX	27,529			27,52
c LIST RENTAL EXPENSE	23,018			23,01
d BAD DEBT EXPENSE	3,800	3,800		
e All other expenses				

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	
Check here 🕨 🗹 if following SOP 98-2 (ASC 958-720).	

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Forr	n 990	(2022)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to anv	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			66,094	1	5,661
	2	Savings and temporary cash investments .		🔽	561,730	2	153,256
	3	Pledges and grants receivable, net		23,350	3		
	4	Accounts receivable, net		147,149	4	84,204	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se				6	
ŝ	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			95,184	8	108,118
ss	9	Prepaid expenses and deferred charges		· · F	125,174	9	84,208
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,073,593			
	b	Less: accumulated depreciation	10b	10,827,677	1,069,231	10c	1,245,916
	11	Investments—publicly traded securities .			1,494,422	11	910,121
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line			13		
	14	Intangible assets		6,151	14	5,358	
	15	Other assets. See Part IV, line 11		143,470	15	1,056,986	
	16	Total assets. Add lines 1 through 15 (must equ	33)	3,731,955	16	3,653,828	
	17	Accounts payable and accrued expenses		•	299,180	17	430,407
	18	Grants payable				18	
	19	Deferred revenue		657,831	19	322,551	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons		22			
Ξ	23	Secured mortgages and notes payable to unrela	d parties		23		
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	350,055	25	1,316,864		
	26	Total liabilities. Add lines 17 through 25 .			1,307,066	26	2,069,822
ces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck he	re 🕨 🗹 and			
lar	27	Net assets without donor restrictions			1,925,515	27	1,099,575
d Ba	28	Net assets with donor restrictions $\ .$.		[499,374	28	484,431
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.		neck here 🕨 🗌 and		_	
10		Capital stock or trust principal, or current funds	· · · _		29		
Assets	30	Paid-in or capital surplus, or land, building or ec				30	
Iss	31	Retained earnings, endowment, accumulated in	come, or	r other funds		31	
	32	Total net assets or fund balances	• • •		2,424,889	32	1,584,006
Net	33	Total liabilities and net assets/fund balances .			3,731,955	33	3,653,828

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Form	990 (2022)				Page 12
Pa	rt XI Reconcilliation 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		5	,265,255
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	,843,410
3	Revenue less expenses. Subtract line 2 from line 1	3			-578,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		2	,424,889
5	Net unrealized gains (losses) on investments	5			-262,728
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		1	,584,006
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
			F	orm 99	0 (2022)

Form 990 (2022)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 199) Public Charity Status and Public Support Dotter if the organization is a section \$01(c)(3) organization or a section \$1947(a)(1) nonexempt charitable true.
Form 390) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trusts. 20222 Open to Public Instruction or a section 504(c)(3) organization or a section 102(c)(3) organization or a section 504(c)(3) organization or a section 504(c)(3) organization and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions and the latest information. 202022 Open to Public Instructions.
Partment Revenses P Attach to Form 990 or Form 990-FZ. Open to Public Immed Revenses Go to WWW.//FS. GOV/Form 990 for instructions and the latest information. Open to Public Start Wetwork AL FOUNDATION Seven Sevenses Employer identification number Start Wetwork AL FOUNDATION Sevenses Sevenses Sevenses 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)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 4 A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 A norganization thar normally receives a substantial part of its support from a governmental unit of from the general public describes from activities related to its section 170(b)(1)(A)(V)(V). 6
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 d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of
 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. Fnter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of
integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of
9 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of
(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of
organization organization in your governing document? monetary support other support (described on lines 1-10 above (see instructions))
Yes No
otal
or Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2 orm 990 or 990-EZ.
Page 2
Schedule A (Form 990) 2022 Pac
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 I If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support
Section A. Public Support Calendar year I I I I I I I ps://projects.propublica.org/nonprofits/organizations/521104476/202312519349300806/full

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	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
ì	Gifts, grants, contributions, and membership fees received. (Do not	5,099,361	3,978,105	3,633,258	5,137,984	4,357,110	22,205,818
2	include any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	5,099,361	3,978,105	3,633,258	5,137,984	4,357,110	22,205,818
	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)						757,869
_	Public support. Subtract line 5 from line 4.						21,447,949
	ection B. Total Support endar year					1	
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	5,099,361	. 3,978,105	3,633,258	5,137,984	4,357,110	22,205,818
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	36,065	5 29,551	26,958	47,403	34,200	174,177
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	101,767	99,796	105,897	99,362	18,476	425,298
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	5,633	94,670	2,340	19,866	29,649	152,158
11	Total support. Add lines 7 through 10						22,957,451
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	2,291,729
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth ta	ax vear as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here	-					,
S	ection C. Computation of Public						
	Public support percentage for 2022 (li			column (f))		14	93.420 %
	Public support percentage for 2021 Sc					15	93.060 %
	33 1/3% support test-2022. If the						
b	and stop here. The organization qual	ifies as a publicly	supported organization	ation			🕨 🗹
17a	box and stop here. The organization 10%-facts-and-circumstances tes and if the organization meets the "fact	t—2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" t 10%-facts-and-circumstances tes	test. The organiza st—2021. If the o	tion qualifies as a organization did no	publicly supported t check a box on l	l organization ine 13, 16a, 16b,	or 17a, and line 1	► 🗆 5 is 10% or
	more, and if the organization meets t meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		J
18	Private foundation. If the organizati instructions						► 🗆
						Schedule A (Form 990) 2022
			Page 3				
Sche	edule A (Form 990) 2022						Page 3
	art III Support Schedule f						
	(Complete only if you the organization fails						er Part II. If
S	ection A. Public Support	to quality and		belowy piedde e		.)	
Cal	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	fiscal year beginning in) Figure Gifts, grants, contributions, and	(4) 2010	(., 201)	(-) 2020		(0) 2022	
1	membership fees received. (Do not		1			1	
_	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			

10/23/	24, 9:46 PM	Lie New	v Memorial Found	ation Full Filing	Nonprofit Explorer - 1	ProPublico		
10/25/	organization's benefit and either paid						1	
5	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
e	the organization without charge Total. Add lines 1 through 5							
6 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 disgualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
с	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c							
54	from line 6.) ection B. Total Support							
Cale	endar year	(-) 2018	(b) 2010	(a) 2020	(4) 2021	(-) 2022	(f) Tota	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota	I
9 10a	Amounts from line 6 Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income		1					
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
с	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 t	he organization's	first, second, thir	d, fourth, or fifth	n tax year as a sect	ion 501(c)(3) org	anization,	check
	this box and stop here							
	ction C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2022 (lin		-			15		
16	Public support percentage from 2021					16		
<u> </u>	ection D. Computation of Invest Investment income percentage for 20	ment Income	percentage	line 13 column	(f))	17		
17	Investment income percentage for 20		.,		())	17		
	33 1/3% support tests-2022. If the					-	e 17 is no	t
194	more than 33 1/3%, check this box and							
b		e organization did	not check a box	on line 14 or line	e 19a, and line 16 is	s more than 33 1/3	3% and lin	e 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pu	blicly supported org	anization	🕨 🗆	
20	Private foundation. If the organizati	on did not check a	a box on line 14,	19a, or 19b, che	ck this box and see	instructions	►)
						Schedule A (Form 990	0) 2022
			Page 4					
Sche	dule A (Form 990) 2022							Page 4
Par	t IV Supporting Organization							
	(Complete only if you checked box 12b, of Part I, complete Se							
	12d, of Part I, complete Section			. 120, 01 1 010 1, 0		,	encenceu	
Se	ction A. All Supporting Organiz	ations						
						г	Yes	s No
1	Are all of the organization's supported If "No," describe in Part VI how the s							
	describe the designation. If historic an			iteu. Il uesignate		-	-	_
2	Did the organization have any support	od organization th	aat door not have	an IPS datarmi	nation of status uns	lor coction	1	_
2	509(a)(1) or (2)? If "Yes," explain in							
	described in section 509(a)(1) or (2).					F	2	+
3a	Did the organization have a supported	organization des	cribed in section	501(c)(4), (5) o	r (6)? If "Yes." ansi	ver lines 3h and	_	1
	3c below.	<u>geneator</u> aco			(-,, ,, ,, ,)		3a	+
b	Did the organization confirm that each	supported organ	ization qualified i	under section 50 [°]	1(c)(4), (5), or (6)	and satisfied		-
-	the public support tests under section							
	determination.						24	T

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

3b

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.

If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

- **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).
 10b

Schedule A (Form 990) 2022

Page 5

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Pa	ag	e	

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?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		

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? 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.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

Yes No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

1

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each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Section D. All T	ype III Supporting	Organizations
--	------------------	--------------------	---------------

- 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?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI* the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- 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.

3b Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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		
ā	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage on other fortune		1	Ī

Page 6

e Discount claimed for blockage or other factors

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Yes

1

2

3

No

No

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Yes

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-	(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	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ted Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7

— Page 7 –

Schedule A (Form 990) 2022

Section D - Distributions	1 509(a)(3) Supporting			Current Year
 Amounts paid to supported organizations to accomplish 	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
LO Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(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 <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
b From 2018. . <th< td=""><td></td><td></td><td></td><td></td></th<>				
b From 2018. . . c From 2019. . . . d From 2020. . . .				
b From 2018. . . c From 2019. . . d From 2020. . . e From 2021. . .				
b From 2018. . . c From 2019. . . d From 2020. . . e From 2021. . . f Total of lines 3a through e				
 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 				
 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 				
 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) 				
 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. 				
 b From 2018				

c Remainder. Subtract lines 4a and 4b f	rom line 4.		
5 Remaining underdistributions for years 2022, if any. Subtract lines 3g and 4a If the amount is greater than zero, ex See instructions.	from line 2.		
6 Remaining underdistributions for 2022 lines 3h and 4b from line 1. If the am than zero, explain in Part VI. See ins	ount is greater		
7 Excess distributions carryover to 2 3j and 4c.	023. Add lines		
Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	Page	8	
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 and	 Provide the explanations require 	d by Part II, line 10; Part II, line , and 11c; Part IV, Section B, lin , 2b, 3a and 3b; Part V, line 1; F	
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8;	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11t d 3; Part IV, Section E, lines 1c, 2a 	d by Part II, line 10; Part II, line , and 11c; Part IV, Section B, lin , 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8;	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, and 	d by Part II, line 10; Part II, line , and 11c; Part IV, Section B, lin , 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8;	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, and 	d by Part II, line 10; Part II, line , and 11c; Part IV, Section B, lin , 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; instructions).	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, and 	d by Part II, line 10; Part II, line o, and 11c; Part IV, Section B, lin a, 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for nstances Test	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V • any additional information. (See
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; instructions).	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, and 	d by Part II, line 10; Part II, line o, and 11c; Part IV, Section B, lin a, 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for nstances Test	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Supplemental Information Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; instructions).	 Provide the explanations require 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b d 3; Part IV, Section E, lines 1c, 2a and Part V, Section E, lines 2, 5, and 	d by Part II, line 10; Part II, line o, and 11c; Part IV, Section B, lin a, 2b, 3a and 3b; Part V, line 1; F nd 6. Also complete this part for nstances Test	e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V • any additional information. (See

Additional Data

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

efile Public Visual Rende	er Objectld: 202312519349300806 - Submission: 2023-09-08		TIN: 52-1104476				
Schedule B	Schedule of Contributors	OMB No. 1545-0047					
(Form 990) Department of the Treasury Internal Revenue Service	990) Attach to Form 990, 990-EZ, or 990-PF. ent of the Treasury Go to www.irs.gov/Form990 for the latest information.						
Name of the organization US NAVY MEMORIAL FOUN	DATION	Employer id	entification number				
		52-1104476					
Organization type (chec	k 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 four	idation					
	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.

Page 2

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).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

Employer identification number

Name of organization https://projects.propublica.org/nonprofits/organizations/521104476/202312519349300806/full Part I

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · ·	\$RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	B (Form 990) (2022)		Page 3
Name of or	ganization EMORIAL FOUNDATION	Employer identificatio	n number
		52-1104476	
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

10/23/24, 9:4	46 PM Us	Navy Memorial Foundation - Full Filin	ng- Nonprofit E	xplorer - ProPublica	
_	·			\$	
(a) No. from <u>Part I</u>	(b) Description of noncash	property given		(C) r estimate) estructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) r estimate) estructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) r estimate) estructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) r estimate) structions)	(d) Date received
-				\$	
					Schedule B (Form 990) (2022)
		Page 4			
		1 090 1			
	B (Form 990) (2022)				Page 4
	rganization MEMORIAL FOUNDATION			Employer identif 52-1104476	fication number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) t e total of <i>exclusively</i> religious, c structions.)	through (e) a	nd the following I	ine entry. For
(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 tr	ransferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descripti	on of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	of transferor to tr	ansferee
(a)					
No from	(h) Durnage of sift			(d) Decerinti	an of how aift is hold

10/23/24, 9:46 PM		Us Navy Memo	rial Foundation - Full Filing- Nonp	orofit Explorer - ProPublica
Part I			(c) use of gift	(a) Description of now gift is neig
·			(e) Transfer of gift	
	Transferee's name, address, a	na ZIP 4		onship 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) Transfor of aift	
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relatio	onship of transferor to transferee
			<u> </u>	Schedule B (Form 990) (2022

Additional Data

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Software ID: Software Version:

efi	e Public Visua	al Render	ObjectId: 2023125	519349300806 - Submission:	2023-09-0	8	TIN: 52-1104476
	HEDULE D n 990)	OMB No. 1545-0047					
(FOI)	II 990)	2022					
	ment of the Treasury A Revenue Service	ÞG	-	Attach to Form 990. 1990 for instructions and the late	st informatio	on.	Open to Public Inspection
	me of the organ		0 to <u>mmm.s.gov/rom</u>	ior matrictions and the late			ification number
	NAVY MEMORIAL FO				52-3	1104476	
Pa				sed Funds or Other Similar F	unds or Ace	counts.	
·	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds		(b) Euroda a	nd other accounts
1	Total number at	end of year		(a) Donor advised runds		(D) Fullus a	
2			ns to (during year)				
3	Aggregate value						
4	Aggregate value	at end of year	•••••				
5				rs in writing that the assets held in d clusive legal control?		funds are the	e 🗌 Yes 🗌 No
6	charitable purpo	oses and not fo	or the benefit of the donor	onor advisors in writing that grant fur or donor advisor, or for any other pu	urpose conferr		ssible
Ра		vation Ease					
				s" on Form 990, Part IV, line 7.			
1			, ,	nization (check all that apply).			
		on of land for p	public use (e.g., recreation	n or education) U Preservatio	on of an histor	ically import	ant land area
	Protection	of natural hab	itat		on of a certifie	d historic str	ucture
	Preservation	on of open spa	ce				
2	easement on the	e last day of th	ne tax year.	qualified conservation contribution ir			n he End of the Year
а					2a		
b	•				-		
C				c structure included in (a)			
d			National Register	ired after July 25, 2006, and not on a	a 2d		
3	Number of cons tax year 🕨	ervation easer	nents modified, transferre	d, released, extinguished, or termina	ated by the or	ganization du	Iring the
4	Number of state	es where prope	erty subject to conservatio	n easement is located 🕨			
5			written policy regarding the real of the r	ne periodic monitoring, inspection, has?	andling of viol	ations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enfo	orcing conserv	ation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	conservation	easements o	luring the year
8				above satisfy the requirements of se			Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue ar footnote to the organization's financ ts.			
Par	t III Organi	zations Mai	ntaining Collections	of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other Si	milar Asse	ets.
1a	If the organizati historical treasu	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for pub	C 958, not to report in its revenue s lic exhibition, education, or research			
b	If the organizati historical treasu	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for pub	ents that describes these items. SC 958, to report in its revenue state lic exhibition, education, or research	ment and bala in furtherance	ance sheet we	orks of art, rvice, provide the
(following amour	nts relating to	these items:			-	
(i	i)Assets included	in Form 990,	Part X			. ►\$	263,075
2				cal treasures, or other similar assets ASC 958 relating to these items:	for financial <u>c</u>	jain, provide	the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ▶\$	
b							
For	Paperwork Redu	uction Act No	tice, see the Instruction	ns for Form 990. (Cat. No. 5228	3D Sched	ule D (Form 990) 2022

					Page	2 —			-	-		
Scheo	lule D	(Form 990) 2022										Page 2
Part	III	Organizations Ma	intaining Col	lections of	Art, Hist	orical 1	reas	ures, o	or Other	Similar A	ssets (con	
3		the organization's acqu (check all that apply):	iisition, accessior	n, and other r	ecords, che	ck any o	f the f	ollowing	that are a	significant	use of its co	llection
а		Public exhibition				d 🗌	Loai	n or exch	nange prog	grams		
b		Scholarly research				e 🗌	Oth	er				
с	\square	Preservation for future	apportions									
4	Provic Part X	le a description of the o	-	lections and e	explain how	they fur	ther th	ne organi	ization's e>	empt purpo	ose in	
5	Durin	g the year, did the orga s to be sold to raise fun									🗌 Yes	🗹 No
Par	t IV	Escrow and Custo Complete if the org line 21.			on Form 9	90, Par	t IV, l	ine 9, o	r reporte	d an amou		
1a		organization an agent,										
	includ	led on Form 990, Part X	?				• • •				🗌 Yes	🗆 No
b	If "Ye	s," explain the arranger	ment in Part XIII	and complete	e the follow	ing table				A	Amount	
c		ning balance		-		-			1c			<u> </u>
d	-	ons during the year							1d			
е		butions during the year							1e			
f		q balance							1f			
2-	Did th	e organization include a	on omount on Eo	rm 000 Part	V line 21	for occro	wore	uctodial	account lis	bility2		
2a b		s," explain the arranger										U NO
Pai	't V	Endowment Fund Complete if the org	-	vered "Yes" (a) Current		90, Par b) Prior ye			years back	(d) Three ye	ears back (e)	Four years back
1a	Beginn	ing of year balance .		1	96,662	19	92,887		192,657		196,220	195,056
b (Contrib	outions										
cΙ	Net inv	estment earnings, gains	s, and losses		7,022		3,775		5,729		4,934	6,163
d(Grants	or scholarships										
		expenditures for facilitie	S						5,499		8,497	4,999
f	Admini	strative expenses .										
g	End of	year balance		2	03,684	19	96,662		192,887		192,657	196,220
2 a		le the estimated percen I designated or quasi-er	-	ent year end l	palance (line	e 1g, col	umn (a	a)) held	as:			
b	Perma	anent endowment 🕨	100.000 %									
c			%									
	The p	ercentages on lines 2a, nere endowment funds r	2b, and 2c shou	•		that are !	hold o	nd admir	nictored fo	r tha		
3a		ization by:	for in the posses		ganization	lial are	neiù a		listered to	ruie		Yes No
	(i) Ur	nrelated organizations									3a(i)) No
	(ii) R	elated organizations .									3a(ii) No
b		s" on 3a(ii), are the rela									. 3b	
4	Descr	ibe in Part XIII the inter		-	s endowme	nt funds						
Par	t VI	Land, Buildings, a Complete if the org			on Form 9	90, Par	t IV, l	ine 11a	. See For	m 990, Pa	rt X, line 1	0.
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or of	ther basis	(other)	(c) Ac	cumulated c	lepreciation	(d) E	Book value
1a	and							1				
b	Buildin	gs						1				
		old improvements				7,0	060,097	7		6,549,883		510,214
		nent				5,0	013,496	5		4,277,794		735,702
	7 +h a	1						1			1	

 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
 1,245,916

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Dart IV/	ling 11h Sog For	m 000 Pa	rt V lino 12
	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method	of valuation: ear market value
• •	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (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, F	Part IV	line 11c See For	.m 990 Pa	ert X line 13
	(a) Description of investment	are rv,	(b) Book value	(c)	Method of valuation: end-of-year market value
(1)				COSE OF	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11d. See For	m 990, Pa	
(1)DEPOSI					(b) Book value 152,393
(2)RIGHT ((2)	OF USE ASSETS - OPERATING LEASE				904,593
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	· · · · · ·		1,056,986
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV. I	ine 11e or 11f.Se	ee Form 99	90. Part X. line 25.

(1) Endoral income taxes

1.

https://projects.propublica.org/nonprofits/organizations/521104476/202312519349300806/full

(a) Description of liability

(b) Book value

otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	*	1,316,864
PERATING LEASE		1,127,646
ANNUITIES PAYABLE		189,218

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗹

Schedule D (Form 990) 2022

	rm 990) 2022					Page
	Reconciliation of Revenue per Aud Complete if the organization answered				eturn.	
Total rev	enue, gains, and other support per audited	financial statements .	• •		1	5,144,978
Amounts	included on line 1 but not on Form 990, Pa	art VIII, line 12:				
Net unre	alized gains (losses) on investments .		2a	-262,728		
Donated	services and use of facilities		2b			
Recoveri	es of prior year grants		2c			
l Other (D	escribe in Part XIII.)		2d			
Add lines	s 2a through 2d		•		2e	-262,728
Subtract	line 2e from line 1		• •		3	5,407,706
Amounts	included on Form 990, Part VIII, line 12, b	out not on line 1 :				
Investme	ent expenses not included on Form 990, Pa	rt VIII, line 7b 🔒	4a			
• Other (D	escribe in Part XIII.)	[4b	-142,451		
: Add lines	5 4a and 4b		• •		4c	-142,451
Total rev	enue. Add lines ${f 3}$ and ${f 4c.}$ (This must equa	l Form 990, Part I, line 12.)			5	5,265,255
	Reconciliation of Expenses per Au Complete if the organization answered			• •	Return.	
Total exp	penses and losses per audited financial stat	ements			1	5,985,861
Amounts	included on line 1 but not on Form 990, Pa	art IX, line 25:				
Donated	services and use of facilities		2a			
Prior yea	r adjustments		2b			
Other los	sses		2c			
l Other (D	escribe in Part XIII.)		2d	142,451		
Add lines	s 2a through 2d				2e	142,451
Subtract	line 2e from line 1				3	5,843,410
Amounts	included on Form 990, Part IX, line 25, bu	t not on line 1:				
Investme	ent expenses not included on Form 990, Pa	rt VIII, line 7b .	4a			
Other (D	escribe in Part XIII.)		4b			
Add lines	5 4a and 4b				4c	C
	penses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.).		5	5,843,410
Total exp	Supplemental Information					
				t IV lines the and the David	V line 4: Da	rt X line 2. Part XI
art XIII	escriptions required for Part II, lines 3, 5, a				. v, iiile 4, rai	
art XIII					. v, iiie 4, rai	

THE FOUNDATION'S ENDOWMENT FUNDS WERE ESTABLISHED FOR THE PURPOSE OF SECURING THE FOUNDATION'S LONG-TERM FINANCIAL VIABILITY AND CONTINUING TO MEET THE NEEDS OF

PART V, LINE 4:

AC ACCUMULATED EADNINCC

Us Navy Memorial Foundation - Full Filing- Nonprofit Explorer - ProPublica SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE. THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS NOT CONSIDERED A PRIVATE FOUNDATION. THE PART X, LINE 2: FOUNDATION IS REQUIRED TO PAY FEDERAL AND STATE INCOME TAXES ONLY ON UNRELATED BUSINESS INCOME. MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS MAINTAINED ITS

DECEMBER 31, 2022 AND 2021 .

COST OF GOODS SOLD -142,451.

COST OF GOODS SOLD 142,451.

TAX EXEMPT STATUS AND THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF

PART XI, LINE 4B - OTHER ADJUSTMENTS: PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022

Additional Data

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Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 202	31251	934930	0806 - Submission: 2	2023-09-08		TIN: 52-1104476
SCHEDULE G (Form 990) Eundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the								OMB No. 1545-0047
	Co						he	2022
Department of the Treasury Internal Revenue Service		-	► Attac	ch to Form	1 \$15,000 on Form 990-EZ, lir 990 or Form 990-EZ. nstructions and the latest inf			Open to Public Inspection
Name of the organization US NAVY MEMORIAL FOUN	DATION						loyer ide 104476	ntification number
Daut I. Euroduciein	a Astivi	ties Complete if	the error	nization	anguard "Vac" on Fa			
	-	re not required to	-		answered "Yes" on Fo part.	ini 990, Part .	IV, inte I	/.
		•			ollowing activities. Check a	all that apply.		
a 🗹 Mail solicitations				е	Solicitation of non-	government gra	ants	
b 🗹 Internet and ema	ail solicitat	tions		f	Solicitation of gove	rnment grants		
c 🗌 Phone solicitation	IS			g	🗸 Special fundraising	events		
d 🗹 In-person solicita	itions							
					vidual (including officers, on with professional fundrations)		_	
, , ,	ighest pa	id individuals or ent	, ities (fun		pursuant to agreements u	5		es U No r is
(i) Name and address of in or entity (fundraise	ss of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to			d by) sted in	(vi) Amount paid to (or retained by) organization			
		DIRECT MAIL	Yes	No				
NNE MARKETING 1666 1666 MASSACHUSETT AVENUE SUITE 14		MARKETING		No	2,167,526		305,000	1,862,526
LEXINGTON, MA 0242	0							
								<u> </u>
Total					2,167,526		305,000	1,862,526
3 List all states in which licensing.	the organ	ization is registered	l or licens	ed to soli	cit contributions or has be	en notified it is	exempt f	rom registration or
AK, AL, AR, AZ, CA, CO, C UT, VA, WA, WI, WV	T, DC, FL,	GA, HI, IL, KS, KY,	LA, MA, I	MD, ME, M	1I, MN, MO, MS, NC, ND, I	NH, NJ, NM, NV	, NY, OH, (ЭК, OR, PA, RI, SC, TN,
For Paperwork Reduction Ac	ct Notice, s	see the Instructions	for Form 9	990 or 990	D-EZ. Cat. No. 5	50083H	Sc	hedule G (Form 990) 2022

Schedule G (Form 990) 2022

			answered "Yes" on Forn d gross income on Form	n 990-EZ, lines 1 and 6	6b. List events with
	gross receipts greater than \$	(event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
an					
Revenue					
æ					
	1 Gross receipts				
	 2 Less: Contributions 3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
per	7 Food and beverages				
ш Ħ	8 Entertainment				
jire	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		.	
	11 Net income summary. Subtract line 10	from line 3, column (d)			
Ра	rt III Gaming. Complete if the org. on Form 990-EZ, line 6a.	anization answered "Y	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
2					
Rev	1 Gross revenue				
	1 Gross revenue				
_					
Expenses	2 Cash prizes				
Direct Expenses Rev	2 Cash prizes . . . 3 Noncash prizes . . .				
Expenses	2 Cash prizes . . . 3 Noncash prizes . . . 4 Rent/facility costs . . .		□ Yes%_		
Expenses	2 Cash prizes . . . 3 Noncash prizes . . . 4 Rent/facility costs . . .	□ Yes%_ □ No	□ Yes%_ □ No	□ Yes%_ □ No	
Expenses	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	No			
Expenses	2 Cash prizes . . . 3 Noncash prizes . . . 4 Rent/facility costs . . . 5 Other direct expenses . . . 6 Volunteer labor . . .	No hrough 5 in column (d)	□ No	□ No	
Expenses	 2 Cash prizes	No No Shrough 5 in column (d) t line 7 from line 1, colure	□ No	□ No	
Direct Expenses	 2 Cash prizes	No through 5 in column (d) t line 7 from line 1, colur ion conducts gaming action aming activities in each of	No nn (d). . vities: . of these states? .	□ No	
e 6 Direct Expenses	 2 Cash prizes	No through 5 in column (d) t line 7 from line 1, colur ion conducts gaming action aming activities in each of	No nn (d). . vities: . of these states? .	□ No	
e 6 Direct Expenses	 2 Cash prizes	No No Characteristic Content of the second s	No	No · · · ▶ · · · ▶ · · · · ▶ · · · · · · · · · · · · · · · · · · · · · · · · · · · · · · ·	□ Yes □ No
Direct Expenses	 2 Cash prizes	No Chrough 5 in column (d) t line 7 from line 1, colum tion conducts gaming action aming activities in each of censes revoked, suspend	No	 No 	□ Yes □ No

				Sch	nedule G (F	orm 990) 2022
		-				
		P	age 3			
Sche	dule G (Form 990) 2022					Page 3
11	Does the organization conduct ga	aming activities with nonmembers	;?		🗌 Yes	
12		neficiary or trustee of a trust or a gaming?	member of a partnership or other entity		🗌 Yes	
13	Indicate the percentage of gamin	ig activity conducted in:				
а	The organization's facility .			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the	ne person who prepares the orgar	nization's gaming/special events books and re	ecords:		
	Name 🕨 👘					
	Address 🕨					
15a	Does the organization have a cor revenue?	tract with a third party from who	m the organization receives gaming			_
b	If "Yes " enter the amount of gan	ning revenue received by the ora:	anization 🕨 \$ and th	 e	∪ Yes	□ No
5		ned by the third party \triangleright \$		C		
с	If "Yes," enter name and address					
	Name 🕨 🛛					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Coming monoger componention	¢.				
		\$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:	ar state law to make sharitable di	tributions from the appling proceeds to			
а	retain the state gaming license?		stributions from the gaming proceeds to		🗌 Yes	
b	5 5		ited to other exempt organizations or spent		□ Yes	U No
		t activities during the tax year				
Par			ions required by Part I, line 2b, columns icable. Also provide any additional infor			
	Return Reference		Explanation	macion		
				ule G (Fo	orm 990) 2	022
				-	-	
Ac	ditional Data				Return	to Form
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chedule J	al Render O	bjectId: 2023125	19349	300806 - Submission: 2023-	09-08	TIN: 52	-1104	470	
								0047	
orm 990)	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 <u>www.irs.gov/Form990</u> for instructions and the latest information.						2022 Open to Public		
mal Revenue Service							ectio	n	
ame of the organiz S NAVY MEMORIAL FO	ation UNDATION				Employer ident	ification nu	ımber		
					52-1104476				
art I Questi	ons Regarding	Compensation							
							Yes	No	
				the following to or for a person listery relevant information regarding the					
First-class	s or charter travel			Housing allowance or residence for	personal use				
Travel for	companions			Payments for business use of perso	onal residence				
Tax idem	nification and gross	s-up payments		Health or social club dues or initiat	ion fees				
Discretion	nary spending acco	ount	\cup	Personal services (e.g., maid, chau	ffeur, chef)				
				follow a written policy regarding pay ve? If "No," complete Part III to exp		· 1b			
Did the organiza	ation require subst	antiation prior to reim	oursing	or allowing expenses incurred by all					
directors, truste	es, officers, includ	ling the CEO/Executive	Directo	r, regarding the items checked on Li	ne 1a?	. 2			
organization's C	EO/Executive Dire	ctor. Check all that app	ly. Do n	d to establish the compensation of t ot check any boxes for methods CEO/Executive Director, but explain					
Compens	ation committee		<	Written employment contract					
🗹 Independ	ent compensation	consultant		Compensation survey or study					
Form 990	of other organizat	tions	<	Approval by the board or compense	ation committee				
During the year related organiza		sted on Form 990, Part	VII, See	ction A, line 1a, with respect to the f	iling organization o	or a			
Receive a sever	ance payment or c	hange-of-control paym	ent? .			4a		No	
				ified retirement plan?		4b		No	
Participate in, o	r receive payment	from, an equity-based	comper	isation arrangement?		4c		No	
If "Yes" to any o	of lines 4a-c, list th	ne persons and provide	the app	licable amounts for each item in Par	t III.				
For persons liste		art VII, Section A, line		must complete lines 5-9. the organization pay or accrue any					
The organization	n?					5a		No	
Any related org	anization? 5a or 5b, describe		· ·			5b		No	
	ed on Form 990, Pa ontingent on the n		1a, did i	the organization pay or accrue any					
	n?					6a		No	
compensation c						6b		No	
compensation c The organization	anization?								
compensation c The organization Any related organization	anization? . 6a or 6b, describe								
compensation c The organization Any related organity If "Yes," on line For persons liste	6a or 6b, describe ed on Form 990, Pa	e in Part III.		the organization provide any nonfixe rt III .	:d 	7	Yes		
compensation c The organization Any related organization of Any related organization for persons listed payments not d Were any amou subject to the ir	6a or 6b, describe ed on Form 990, Pa escribed in lines 5 nts reported on Fo	in Part III. art VII, Section A, line and 6? If "Yes," descri rm 990, Part VII, paid ption described in Regi	be in Pa or accur				Yes		
compensation c The organizatio Any related org. If "Yes," on line For persons list payments not d Were any amou subject to the ir in Part III.	6a or 6b, describe ed on Form 990, Pa escribed in lines 5 nts reported on Fo nitial contract exce	e in Part III. art VII, Section A, line and 6? If "Yes," descri rm 990, Part VII, paid ption described in Regr	be in Pa or accur ulations	rt III	escribe	8	Yes	No	

– Page 2 –

Schedule J (Form 990) 2022 Page **2** 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. (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (F) Compensation in (A) Name and Title (C) Retirement (D) Nontaxable (E) Total of and other benefits columns (B)(i)-(D) deferred column (B) (i) Base (iii) Other (ii) compensation reported as Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 RDML FRANK THORP IV USN RET PRESIDENT/CEO 210,000 (i) 35,697 0 6,300 0 251,997 0 - ------ -- - -- - - - -0 (ii) 0 0 0 0 - - - - - -- - - -0 -0 2 MR SCOTT D MATIRNE CFO 131,000 155,513 3,930 5,350 0 (i) 15,233 0 - - - - -- - - ----------(ii) --------0 0 0

•				5	Schedule J (F	orm 990) 2022
	Pa	age 3	 			

Schedule J (Form 990) 2022	chedule J (Form 990) 2022 Page 3						
Part III Supplemental Info	Part III Supplemental Information						
Provide the information, explanation,	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 7	THE PRESIDENT RECEIVED A BONUS DURING THE YEAR. THIS COMES AS A RECOMMENDATION FROM THE COMPENSATION COMMITTEE AND IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF PROGRAMS AND ENGAGEMENTS AND THE DIRECTOR OF NATIONAL CHIEF'S MESS ALSO RECEIVED BONUSES DURING THE YEAR. THESE CAME AT THE DISCRETION OF THE PRESIDENT AND CEO.						

Schedule J (Form 990) 2022

Additional Data

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efil	e Public Visua	al Render Ob	jectId: 2	02312519349300806 -	Submission: 2023-0	9-08	TIN: 52-	1104	476
	IEDULE M			Noncash Contri			OMB No. 1	545-0	047
(For	m 990)		ľ		butions		20	1 1	
				ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	LL	
		Attach to Form							
	ment of the Treasury	► Go to <u>www.irs.</u>	<u>gov/Form</u>	<u>990</u> for the latest informa	tion.		Open to Inspe		
	l Revenue Service e of the organizat	tion				Employer iden			
US NA	AVY MEMORIAL FOU	NDATION				52-1104476			
Ра	rt I Types	of Property				52-1104470			
			(a)	(b)	(c)		(d)		
			Check if	Number of contributions or	Noncash contribution		d of determin		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash c	ontribution a	mount	S
					1g				
	Art–Works of ar		Х	1	195,00	0 FMV			
	Art—Historical tr								
3 4	Art—Fractional in Books and public								
-	Clothing and hou								
5	-	• • • • •							
6	Cars and other v	ehicles							
7	Boats and planes					<u> </u>			
8	Intellectual prop	,		-		7 540 /			
9	Securities—Publi	•	X	2	5,57	7 FMV			
10	Securities—Close Securities—Parte								
	or trust interest								
	Securities—Misc								
13	Qualified conser contribution—H								
	structures .								
14	Qualified conser								
15	contribution—O Real estate—Res								
15	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medie								
	Taxidermy .								
	Historical artifac					-			
	Scientific specim								
24 25	Archeological art Other ► (
	Other ► (1		1			
27	Other 🕨 ()							
28	Other ► ()							
29				ation during the tax year for		20			
	for which the org	Janization complete	u rurifi 828.	3, Part IV, Donee Acknowled	yement	29		V.	N -
20-	During the year	did the organizatio	n receive b	y contribution any property r	enorted in Part I lines 1 th	rough 28 that it	must	Yes	No
50a	hold for at least	three years from the	ne date of th	he initial contribution, and wh	hich isn't required to be use		musu		
	purposes for the	e entire holding peri	od?				30a		No
h	If "Yes " describ	e the arrangement	in Part II				30a		No
		2		11 - 11 - 1	,				
31	-			olicy that requires the reviev	•		31		No
32a	Does the organic contributions?	ization hire or use th	nird parties	or related organizations to so	olicit, process, or sell nonca	ash • • • •	32a		No
b	If "Yes," describ	e in Part II.							
33	5	•	amount in c	column (c) for a type of prop	erty for which column (a) is	s checked,			
	describe in Part	II.							
For P	aperwork Reducti	on Act Notice, see th	e Instruction	ns for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) ((2022)
				Page 2 -					

Schedule M (Form 990) (2022)

Page **2**

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 an	y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efile Public	Visual Rend	ler	ObjectId: 202312519349300806 - Submission: 2023-0)9-08	TIN: 52-1104476			
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service			Ipplemental Information to Form 990 or 9 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990	ons on n.	OMB No. 1545-0047			
Name of the organization Employer identification r US NAVY MEMORIAL FOUNDATION 52-1104476					fication number			
Return Reference			Explanation					
FORM 990, PART III, LINE 2	FOR STUDE HISTORY TH	JMMER INTERNSHIP PROGRAM: THE UNITED STATES NAVY MEMORIAL HOSTS A SUMMER INTERNSHIP PROGRAM OR STUDENTS AT THE HIGH SCHOOL LEVEL TO CREATE A DIALOGUE FOCUSED ON UNITED STATES MILITARY STORY THROUGH AN INTERDISCIPLINARY APPROACH FOUNDED ON THE PRINCIPLES OF HISTORICAL RESERVATION, EDUCATION, AND ACADEMIC RESEARCH.						
FORM 990, PAGE 2, PART III, LINE 4B	NATION AND PRESENTAT ONLINE EDU MATERIALS UNITED STA SCHOOL LEY INTERDISCII ACADEMIC F ACTIVITIES. STORIES. TH	DUCATIONAL SERVICES - EDUCATE THE PUBLIC ABOUT THE HERITAGE OF THE UNITED STATES AS A MARITIME IATION AND THE CONTRIBUTIONS OF MEN AND WOMEN IN THE SEA SERVICES THROUGH EXHIBITS, FILM AND VIDEO PRESENTATIONS, LECTURES, TOURS, PUBLICATIONS, AND EVENTS. IN 2022, THE NAVY MEMORIAL CONTINUED ITS INLINE EDUCATION OFFERINGS TO INCLUDE A DIGITAL VERSION OF THE JUNIOR SAILOR PROGRAM, ONLINE COURSE MATERIALS FOR K-12 ON HISTORY AND HERITAGE, SEA SERVICE TRADITIONS AND ARCHIVAL RESEARCH. IN 2022, THE INITED STATES NAVY MEMORIAL STARTED HOSTING A SUMMER INTERNSHIP PROGRAM FOR STUDENTS AT THE HIGH ICHOOL LEVEL TO CREATE A DIALOGUE FOCUSED ON UNITED STATES MILITARY HISTORY THROUGH AN VTERDISCIPLINARY APPROACH FOUNDED ON THE PRINCIPLES OF HISTORICAL PRESERVATION, EDUCATION, AND ICADEMIC RESEARCH. DURING THE WEEK-LONG PROGRAM, STUDENTS PARTICIPATE IN INTERACTIVE LEARNING ICTIVITIES. THEY LEARN HOW TO CONDUCT INTERVIEWS WITH SEA SERVICE VETERANS TO PRESERVE THEIR TORIES. THE STUDENTS ALSO TAKE PART IN HISTORICAL PRESERVATION EXPERIENCES WITH THE LIBRARY OF ICONGRESS AND THE NATIONAL ARCHIVES.						
FORM 990, PAGE 2, PART III, LINE 4C	ACTIVITIES. RECOGNIZE THE MISSIO SAILOR AWA PRESENTED ONLINE FIVE RECOGNIZE CHIEF WHO: 3. COMMEM HISTORICAL THE COMME COMMEMOF RECOGNIZE PROGRAM A QUALITY, HC RECOGNIZE PROGRAM A QUALITY, HC PROGRAM I PERMANEN MESS IN THI TOGETHER INDUSTRY L CHATS - BRI CURRENT TO JUNIOR OFF MEMORIAL F SEA SERVIC (NORMAND) BEING COMI DEVELOPED ON-ONE CH, OR THE DEF WITHIN THE PROGRAM - GROUPS, MI THROUGHO MORE THAN MEET THE L OPPORTUNI	THE I S THE S THE N OF ARDS D TO T E DAY S ON S D TO T E DAY S ON S ON S ON S ON S ON S ON S ON S ON	N HOSTS SEVERAL SPECIAL EVENTS THROUGHOUT THE YEAR TO EVENTS CARRIED OUT DURING 2022 INCLUDED THE FOLLOWING EACCOMPLISHMENTS OF FORMER MEMBERS OF THE SEA SERV THE NAVY MEMORIAL. IN 2022 WE WERE ABLE TO MAKE A FULL F DINNER AT THE NATIONAL BUILDING MUSEUM IN WASHINGTON, THE HONOREES. FOR THOSE WHO WERE UNABLE TO ATTEND TH S LATER TO AN EXPANDED GLOBAL AUDIENCE. 2. DELBERT D. BI E OUTSTANDING FIRST-TOUR COMMAND MASTER CHIEF, CHIEF REFORMANCE AND LEADERSHIP OF SAILORS EMBODIES THE NA TATIONS AND DEMONSTRATES THOSE SAME IDEALS OF SERVICE BY MCPON BLACK, AND UPHOLDS THE HIGHEST STANDARDS OF IVE PLAQUE PROGRAM - PERMANENT COMMEMORATIVE PLAQU VTS, INDIVIDUALS AND FAMILIES, ETC. ON THE PLAQUE WALL WI ATIVE PLAQUE WALL WAS RENOVATED AND EXPANDED TO ALLO E PLAQUES TO BE ADDED IN FUTURE YEARS. 4. SAILOR OF THE THE OUTSTANDING SAILORS IN THE FLEET, THE NAVY INCREAS SAILORS OF THE YEAR FROM 4 IN 2020 TO 18 IN SUBSEQUENT Y E NAVY MEMORIAL RECOGNIZES THESE SAILORS THAROUGH THE ONG ONLINE PROGRAM THAT FEATURES A VIDEO OF EACH OF TO ADCAST ON THE NAVY'S BIRTHDAY. CLIPS OF THAT PROGRAM A .OR OF THE YEAR EXHIBIT WHICH IS LOCATED INSIDE THE DELB Y MEMORIAL'S VISITOR CENTER. 5. FANTAIL BREAKFASTS - INVI DR NAVY LEADERSHIP TO DISCUSS CURRENT NAVY PROJECTS A RS. THE FANTAIL BREAKFASTS ARE OPERATED UNDER CHATHA TOGETHER SENIOR NAVY LEADERS AND JUNIOR OFFICERS FOR SAFFECTING THE NAVY, EDUCATIONAL OPPORTUNITIES FOR PR S, FTC. 7. MOVIES ON THE MEMORIAL - NAVY-THEMED MOVIES S A, FREE AND OPEN TO THE PUBLIC. 8. STATUE PROGRAM - PAYS Y PLACING REPLICAS OF THE LONE SAILOR STATUE IN CITIES AF NOCE). THE PROGRAM ALSO PLACES SMALLER BRONZE LONE S/ ONED 9. SITREP SPEAKER SERIES - THE SITREP (SITUATION RE A DIRECT RESULT OF THE COVID-19 PANDEMIC. THE SITREP SPE. TWEEN THE NAVY MEMORIAL PRESIDENT AND CEO AND A HIGH- MENT OF DEFENSE. THE TOPICS DISCUSSED RANGE FROM CURI (TO THE GUEST'S PERSONAL THOUGHTS ON CERTAIN MATTERS NAVY MEMORIAL ENTHUSIASTICALLY HOSTS VISITS BY ACTIVE-E ISY REUNION GROUPS, VETERAN ORGANIZATIONS, AS WELL AS F IE YEAR. IN 202	3: 1. LONE SAILOF (ICES AND EDUC/ RETURN TO THE I DC, WHERE THE IE GALA, THE PRI LACK LEADERSH OF THE BOAT, OF WY CORE VALUES E WITH SACRIFIC F PROFESSIONAL JES OF SHIPS, RE THIN THE VISITO W FOR AN ADDIT YEAR - IN ORDEF SED THE NUMBER (EARS. THE SAILORS OF THE SAILORS OF ARE THEN ADDED SERT D. BLACK NA TATION ONLY EVE AND FUTURE PLA M HOUSE RULE. COFESSIONAL DE SHOWN OUTSIDE COFESSIONAL DE SHOWN OUTSIDE COFESSIONAL DE SHOWN OUTSIDE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFESSIONAL DE COFASTONAL DE COFESSIONAL DE COFESSIONAL DE COFASTONAL DE COFESSIONAL DE COFASTONAL DE COFASTONAL	R AWARDS DINNER - ATES THE PUBLIC ON IN-PERSON LONE AWARDS WERE OGRAM WAS AIRED IP AWARD DINNER - R COMMAND SENIOR S AND CHIEF PETTY EAS LISM AND INTEGRITY. EUNION GROUPS, R CENTER. IN 2022 IONAL 3,000 R TO EXPAND THE R OF SAILORS OR OF THE YEAR OF A BROADCAST THE YEAR. THE OT THE ATIONAL CHIEF'S ENTS THAT BRING INS WITH DEFENSE 6. BRIDGE WING ON THE NAVY MEMBERS OF THE ND ABROAD ON US NAVY SHIPS SERIES WAS ICUSES ON A ONE- IFROM THE NAVY NS AND INITIATIVES SROUP VISIT ED MILITARY D COLLEGE GROUPS IMORIAL TOTALING EACH VISIT TO ERISHED ND WOMEN OF THE			
FORM 990, PART VI	DIRECTORS	. THE	COMMITTEE OF THE BOARD OF DIRECTORS IS AUTHORIZED TO A MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE RETARY, TREASURER AND ALL BOARD COMMITTEE CHAIRMEN, A	HE CHAIRMAN OF	THE BOARD, VICE-			

□0/25/24, 9:40 PM	US Navy Memorial Foundation - Full Fining- Nonpront Explorer - Profublica
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, EACH MEMBER OF THE FINANCE AND INVESTMENT COMMITTEE IS GIVEN A COPY FOR THEIR REVIEW. ONCE THE FINANCE AND INVESTMENT COMMITTEE HAS REVIEWED THE RETURNS, THE RETURNS ARE SENT TO THE ENTIRE GOVERNING BODY, WHICH HAS THREE DAYS TO REVIEW AND SUBMIT QUESTIONS. ALL QUESTIONS ARE COLLECTIVELY ANSWERED ELECTRONICALLY PRIOR TO SUBMISSION OF THE 990.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, AT THE SPRING MEETING, THE BOARD AND SENIOR STAFF COMPLETE THE CONFLICT OF INTEREST STATEMENT. IT IS EMAILED OR FAXED TO THOSE NOT ATTENDING THE MEETING. WHEN RETURNED, THE STATEMENTS ARE REVIEWED BY SENIOR MANAGEMENT. SENIOR MANAGEMENT IS USUALLY AWARE OF THE CONFLICT PRIOR TO ADDING THE PERSON TO THE BOARD OR TO THE STAFF. BETWEEN SPRING BOARD MEETINGS, THE CHAIRMAN ADVISES THE DIRECTORS AND SENIOR STAFF THAT THEY ARE TO UPDATE THE CONFLICT OF INTEREST STATEMENTS IN THE EVENT OF A POSSIBLE CONFLICT OF INTEREST. IN THE EVENT OF A CONFLICT OF INTEREST, THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PROCESS AT THE UNITED STATES NAVY MEMORIAL FOUNDATION IS DESIGNED TO PROVIDE COMPENSATION THAT IS AT THE MEDIAN LEVEL OF FOUNDATIONS AND ASSOCIATIONS IN THE NATIONAL CAPITAL REGION. THE LEADERSHIP TEAM AT THE UNITED STATES NAVY MEMORIAL FOUNDATION, CONSISTING OF THE PRESIDENT, CEO AND THE CHIEF FINANCIAL OFFICER, MEET ANNUALLY TO REVIEW THE POSITION DESCRIPTIONS AND THE LEVEL OF WORK TO ENSURE THAT THE INDIVIDUALS IN THE FOUNDATION ARE EFFECTIVELY BEING COMPARED TO THEIR PEERS IN OTHER ORGANIZATIONS. DURING THE COMPENSATION REVIEW PROCESS, THE WORK PERFORMANCE OF ALL EMPLOYEES ARE REVIEWED, AND A DETERMINATION IS MADE REGARDING ANY INCREASES IN SALARY. ADDITIONALLY, A DECISION IS MADE ABOUT WHETHER ANY RAISE IS POSSIBLE BASED ON THE FOUNDATION'S FINANCIAL CONDITION. ANNUALLY, EMPLOYEES ARE REVIEWED ON THE BASIS OF PERFORMANCE. THE PERFORMANCE REVIEW DOCUMENT IS WRITTEN FOR EACH INDIVIDUAL EVALUATING THEIR PERFORMANCE. AGAINST THE GOALS THAT ARE ESTABLISHED FOR THE YEAR. THE COMPENSATION COMMITTEE ALSO REVIEWS THE AGGREGATE SALARY STRUCTURE FOR THE REMAINDER OF THE EMPLOYEES TO ENSURE THAT THE AGGREGATE COMPENSATION APPEARS FAIR AND REASONABLE. THE COMPENSATION FOR THE PRESIDENT IS REVIEWED ANNUALLY BY THE COMMENSATION COMMITTEE OF THE BOARD. THE TOTAL COMPENSATION POOL FOR STAFF IS ALSO REVIEWED ANNUALLY BY THIS COMMITTEE. THE PRESIDENT AND CEO'S MOST RECENT COMPENSATION REVIEW WAS HELD IN DECEMBER 2022.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 38,579. MANAGEMENT AND GENERAL EXPENSES 17,629. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 56,208. EVENT PRODUCTION: PROGRAM SERVICE EXPENSES 401,960. MANAGEMENT AND GENERAL EXPENSES 28. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 401,988. PROJECT MANAGEMENT FEE: PROGRAM SERVICE EXPENSES 56,368. MANAGEMENT AND GENERAL EXPENSES 4,803. FUNDRAISING EXPENSES 1,837. TOTAL EXPENSES 63,008. VIDEO PRODUCTION: PROGRAM SERVICE EXPENSES 100,140. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,140.
FORM 990, SCHEDULE G, PART I, LINE 2B(VI)	THE 990 IS BEING AMENDED TO REPORT THE CORRECT "AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION" ON SCHEDULE G, PART I, LINE 2B TO \$1,862,526 FROM \$1,860,689.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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