

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

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

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

C Name of organization: **STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2361 HYLAN BLVD**
 City or town, state or province, country, and ZIP or foreign postal code: **STATEN ISLAND, NY 10306**

D Employer identification number: **02-0554654**

E Telephone number: **(718) 987-1931**

G Gross receipts \$ **326,646,195**

F Name and address of principal officer:
MARY SCULLIN
2361 HYLAN BOULEVARD
STATEN ISLAND, NY 10306

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ _____

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

J Website: ▶ **WWW.T2T.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2001** **M** State of legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION IS TO HONOR THE SACRIFICE OF FDNY FIREFIGHTER STEPHEN SILLER, AND ALL THOSE WHO LAID DOWN THEIR LIVES TO SAVE OTHERS ON SEPTEMBER 11, 2001. WE ALSO HONOR OUR MILITARY, AND FIRST RESPONDERS WHO CONTINUE TO MAKE THE SUPREME SACRIFICE OF LIFE AND LIMB FOR OUR COUNTRY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	172
6 Total number of volunteers (estimate if necessary)	6	12,892
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	258,035,090	295,583,351
9 Program service revenue (Part VIII, line 2g)	4,966,220	8,855,744
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,368	653,991
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	777,176	223,171
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,017,854	305,316,257
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	56,608,904	156,980,156
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,718,457	13,273,459
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,092,889		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	82,226,196	116,516,057
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,553,557	286,769,672
19 Revenue less expenses. Subtract line 18 from line 12	116,464,297	18,546,585

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	203,334,406	270,290,174
21 Total liabilities (Part X, line 26)	7,967,883	61,418,862
22 Net assets or fund balances. Subtract line 21 from line 20	195,366,523	208,871,312

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

 Signature of officer: _____ Date: 2023-10-03
MARY SCULLIN TREASURER AND CAO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ DESANTIS KIEFER SHALL & SARCONI LLP		2023-10-03		P00003283
Firm's address ▶ 1675 RICHMOND ROAD STATEN ISLAND, NY 103042317			Firm's EIN ▶ 13-3952752	Phone no. (718) 351-2233

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION IS TO HONOR THE SACRIFICE OF FDNY FIREFIGHTER STEPHEN SILLER, AND ALL THOSE WHO LAID DOWN THEIR LIVES TO SAVE OTHERS ON SEPTEMBER 11, 2001. WE ALSO HONOR OUR MILITARY, AND FIRST RESPONDERS WHO CONTINUE TO MAKE THE SUPREME SACRIFICE OF LIFE AND LIMB FOR OUR COUNTRY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 239,775,618 including grants of \$ 147,819,514) (Revenue \$ 2,525,230)
See Additional Data

4b (Code:) (Expenses \$ 27,884,943 including grants of \$ 9,160,642) (Revenue \$ 6,330,514)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 267,660,561

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with 4 columns: Question/Section, Input field, Yes/No, and another Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: REGINA VOGT-SECRETARY 2361 HYLAN BLVD STATEN ISLAND, NY 10306 (718) 987-1931

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	295,583,351				
	g Noncash contributions included in lines 1a - 1f:\$	1g	8,059,919				
	h Total. Add lines 1a-1f ▶		295,583,351				
Program Service Revenue	2a NYC TUNNEL TO TOWERS RUN	Business Code	3,739,740	3,739,740			
	b IN THE LINE OF DUTY		2,525,230	2,525,230			
	c RUNS ACROSS AMERICA		1,905,122	1,905,122			
	d STAIR CLIMB		685,652	685,652			
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f. ▶		8,855,744				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,088,880			1,088,880	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	413,598				
		(ii) Personal					
		6b Less: rental expenses	143,404				
	c Rental income or (loss)	6c	270,194				
	d Net rental income or (loss) ▶		270,194	270,194			
	7a Gross amount from sales of assets other than inventory	(i) Securities	19,402,772				
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	19,837,661			
	c Gain or (loss)	7c	-434,889				
	d Net gain or (loss) ▶		-434,889	-434,889			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	1,288,234				
		b Less: direct expenses	8b	1,348,851			
c Net income or (loss) from fundraising events ▶		-60,617					
9a Gross income from gaming activities. See Part IV, line 19	9a	13,616					
	b Less: direct expenses	9b	22				
c Net income or (loss) from gaming activities ▶		13,594	13,594				
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			305,316,257	8,704,643		1,088,880	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	85,574,013	85,574,013		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	71,256,143	71,256,143		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	150,000	150,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	10,534,630	7,050,293	1,426,751	2,057,586
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	284,872	184,677	51,571	48,624
9 Other employee benefits	1,411,185	954,051	148,901	308,233
10 Payroll taxes	1,042,772	597,298	272,109	173,365
11 Fees for services (non-employees):				
a Management				
b Legal	428,290	414,287	12,604	1,399
c Accounting	40,000		40,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	229,939		229,939	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	343,498	285,259	31,921	26,318
12 Advertising and promotion	30,078,560	23,063,540	153,100	6,861,920
13 Office expenses	6,989,309	6,295,559	251,919	441,831
14 Information technology	990,523	624,832	143,164	222,527
15 Royalties				
16 Occupancy	378,959	152,281	206,462	20,216
17 Travel	2,440,138	2,309,429	11,153	119,556
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	208,618	163,843	11,510	33,265
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	847,506	599,869	58,673	188,964
23 Insurance	577,674	485,707	8,263	83,704
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 IN THE LINE OF DUTY	52,008,561	52,008,561		
b NEVER FORGET	7,545,544	7,545,544		
c BANK CHARGES	5,008,423	3,257,529	701,622	1,049,272
d CONSULTANTS & CONTRACTORS	2,553,070	2,176,260	308,177	68,633
e All other expenses	5,847,445	2,511,586	948,383	2,387,476
25 Total functional expenses. Add lines 1 through 24e	286,769,672	267,660,561	5,016,222	14,092,889
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	141,470,326	1	166,983,568
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,820,486	3	7,184,268
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,565,980	9	3,496,452
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,424,738		
	b Less: accumulated depreciation	10b 2,300,673	30,328,706	10c 48,124,065
	11 Investments—publicly traded securities	19,026,187	11	41,543,944
	12 Investments—other securities. See Part IV, line 11		12	1,000,265
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	89,490	14	74,510
	15 Other assets. See Part IV, line 11	33,231	15	1,883,102
16 Total assets. Add lines 1 through 15 (must equal line 33)	203,334,406	16	270,290,174	
Liabilities	17 Accounts payable and accrued expenses	7,967,883	17	6,642,474
	18 Grants payable		18	52,976,585
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	1,799,803
	26 Total liabilities. Add lines 17 through 25	7,967,883	26	61,418,862
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	171,724,797	27	193,148,305
	28 Net assets with donor restrictions	23,641,726	28	15,723,007
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	195,366,523	32	208,871,312
33 Total liabilities and net assets/fund balances	203,334,406	33	270,290,174	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	305,316,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,769,672
3	Revenue less expenses. Subtract line 2 from line 1	3	18,546,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	195,366,523
5	Net unrealized gains (losses) on investments	5	-4,651,831
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	-389,965
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	208,871,312

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 02-0554654

Name: STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

Form 990 (2022)

Form 990, Part III, Line 4a:

IN THE LINE OF DUTY PROGRAMS: 1) SMART HOME PROGRAM: THIS PROGRAM CONSTRUCTS CUSTOM, SPECIALLY ADAPTED SMART HOMES FOR CATASTROPHICALLY INJURED SERVICE MEMBERS AND FIRST RESPONDERS TO RESTORE THEIR ABILITY TO LIVE A LIFE OF INDEPENDENCE. 2) FALLEN FIRST RESPONDER HOME PROGRAM: THE FOUNDATION PROVIDES MORTGAGE FREE HOMES TO FAMILIES WITH YOUNG CHILDREN LEFT BEHIND WHEN A FIREFIGHTER OR POLICE OFFICER IS KILLED IN THE LINE OF DUTY. 3) GOLD STAR HOME PROGRAM: THE FOUNDATION PROVIDES MORTGAGE FREE HOMES FOR FAMILIES WITH YOUNG CHILDREN WHO ARE LEFT BEHIND WHEN A SERVICE MEMBER DIES IN THE LINE OF DUTY. 4) HOMELESS VETERANS PROGRAM - THE FOUNDATION IS COMMITTED TO HONORING THE SACRIFICE OF AMERICAN SERVICE MEMBERS AND HELPING END HOMELESSNESS AMONGST THE VETERAN COMMUNITY. PROVIDING A SAFE AND DIGNIFIED HOME IS AN INTEGRAL PART OF HELPING VETERANS WHO ARE HOMELESS RECLAIM THEIR LIVES. VETERANS IN THIS PROGRAM RECEIVE THE SUPPORT THEY NEED TO HELP THEM ADDRESS ANY OBSTACLES TO LIVING A MORE INDEPENDENT LIFE. IN ADDITION TO DELIVERING HOUSING, WE PROVIDE COMPREHENSIVE CARE THROUGH OUR NATIONAL CASE MANAGEMENT TEAM BY CONNECTING VETERANS WHO HAVE ADDITIONAL NEEDS WITH MENTAL HEALTH COUNSELING, ADDICTION SERVICES, SKILLS TRAINING AND JOB PLACEMENT.

Form 990, Part III, Line 4b:

NEVER FORGET PROGRAMS: 1) NATIONAL TUNNEL TO TOWERS RUNS AND STAIR CLIMB SERIES: THE NEW YORK CITY 5K RUN AND TOWER CLIMB AS WELL AS THE NATIONAL RUNS AND CLIMBS ARE MEMORIAL EVENTS HELD IN HONOR OF STEPHEN SILLER (FDNY), AND ALL WHO PERISHED ON 9/11, AS WELL AS FIRST RESPONDERS AND MILITARY WHO CONTINUE TO PUT THEIR LIVES ON THE LINE TO SERVE AND PROTECT OUR NATION. THE FOUNDATION HAS ESTABLISHED THESE MEMORIAL EVENTS TO ENSURE WE NEVER FORGET 2) TUNNEL TO TOWERS 9/11 INSTITUTE: THIS IS OUR SEPTEMBER 11, 2001 EDUCATION PROGRAM. THE FOUNDATION HAS DEVELOPED A CURRICULUM FOR GRADES K- 12 THAT CAN BE ACCESSED BY TEACHERS THROUGHOUT THE NATION TO EDUCATE CHILDREN ABOUT THE HISTORY OF 9/11. THE PROGRAM ALSO INCLUDES A MOBILE EXHIBIT, WHICH SERVES TO EDUCATE AND PAY TRIBUTE TO THE SACRIFICES MADE ON SEPTEMBER 11, 2001. 3) WINGS OF A HERO: TO HELP LOCAL COMMUNITY CHILDREN IN NEED WHO HAVE LOST A PARENT BY PROVIDING ASSISTANCE FOR SCHOOL, COUNSELING OR OTHER NEEDS. 4) LEGACY AWARDS: TO ASSIST FAMILIES OF INJURED OR FALLEN FIRST RESPONDERS WITH THEIR SPECIFIC IMMEDIATE FINANCIAL NEEDS.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION

Employer identification number
02-0554654

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

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

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

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

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

Section A. Public Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc.
Section 13: First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage
Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (95.700%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (94.920%); 16a 33 1/3% support test-2022; 16b 33 1/3% support test-2021; 17a 10%-facts-and-circumstances test-2022; 17b 10%-facts-and-circumstances test-2021; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		

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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION

Employer identification number
02-0554654

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,542,379	11,922,113	2,585,128	1,480,871	478,147
b Contributions	19,988,055	15,704,850	8,959,392	873,071	1,018,577
c Net investment earnings, gains, and losses	-4,252,340	915,416	377,593	231,186	-15,853
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	44,278,094	28,542,379	11,922,113	2,585,128	1,480,871

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,202,301		16,202,301
b Buildings		23,727,156	1,161,577	22,565,579
c Leasehold improvements		2,203,998	354,640	1,849,358
d Equipment		396,451	318,594	77,857
e Other		7,894,832	465,862	7,428,970
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				48,124,065

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITIES - OPERATING LEASES	1,799,803
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 1,799,803

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	474,290,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,651,831
b	Donated services and use of facilities	2b	172,962,789
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	893,388
e	Add lines 2a through 2d	2e	169,204,346
3	Subtract line 2e from line 1	3	305,086,318
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	229,939
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	229,939
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	305,316,257

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	460,785,875
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	172,962,789
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,283,353
e	Add lines 2a through 2d	2e	174,246,142
3	Subtract line 2e from line 1	3	286,539,733
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	229,939
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	229,939
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	286,769,672

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 02-0554654

Name: STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ALL SPENDING FROM EACH OF THE FOUNDATION'S ENDOWMENT FUNDS WILL COMPLY WITH ANY DONOR RESTRICTIONS ON SPENDING IMPOSED ON SUCH FUNDS AND WITH THE NYPMIFA. IN CREATING AN ENDOWMENT FUND, THE DONOR ALSO MAY HAVE RESTRICTED THE PURPOSE OR PURPOSES FOR WHICH FUNDS FROM THE ENDOWMENT MAY BE SPENT. ALL DECISIONS REGARDING EXPENDITURES FROM AN ENDOWMENT FUND RESTRICTED AS TO PURPOSE MUST COMPLY WITH SUCH PURPOSE RESTRICTIONS. EXPENDITURES FROM ENDOWMENT FUNDS THAT ARE NOT RESTRICTED AS TO PURPOSE MAY BE USED FOR ANY PURPOSES OF THE FOUNDATION. IN AUGUST OF 2021 THE FOUNDATION PURCHASED THE BUILDING LOCATED AT 2381 HYLAN BLVD FOR THE INTENT OF ACQUIRING ADDITIONAL EMPLOYEE OFFICE SPACE TO ACCOMMODATE THE CURRENT AND FUTURE GROWTH OF THE FOUNDATION STAFF. THE FOUNDATION HAS DETERMINED THAT IF THE BUILDING IS SUBSEQUENTLY SOLD ALL PROCEEDS WILL GO DIRECTLY TO THE ENDOWMENT FUND.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FASB ASC THAT ADDRESSES ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, THIS ASC TOPIC HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON ITS FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT FUNDRAISING EXPENSES 749,984 RENTAL EXPENSES 143,404

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES 749,984 RENTAL EXPENSES 143,404 BAD DEBT EXPENSE 389,965

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 67,303

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	IN 2022, THE FOUNDATION RECEIVED IN-KIND DONATIONS OF ADVERTISING FOR ITS NEVER FORGET PROGRAMS, VALUED AT 76,178,078. IT ALSO RECEIVED IN-KIND DONATIONS OF ADVERTISING FOR ITS IN THE LINE OF DUTY PROGRAMS, VALUED AT 96,650,418. THE FOUNDATION SPENT AN ADDITIONAL 30,097,899 ON ADVERTISING AND MARKETING. TOTAL ADVERTISING AND MARKETING EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2022 WAS 202,926,395.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

Employer identification number
02-0554654

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			UKRAINIAN RELIEF	150,000	WIRE TRANSFER			COST
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	THE FOUNDATION RECEIVES LETTERS FROM THE AGENCIES TO WHICH IT DONATES WHICH DETAILS HOW THE FUNDS WILL BE USED.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
**STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION**

Employer identification number
02-0554654

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTINGS (event type)	GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	716,538	571,696		1,288,234
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	716,538	571,696		1,288,234
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	371,853	598,889		970,742
	7 Food and beverages	11,090			11,090
	8 Entertainment	54,470			54,470
	9 Other direct expenses	103,912	208,637		312,549
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,348,851
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-60,617	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: NJ

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION

Employer identification number 02-0554654

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MORTGAGE PAYMENTS	268	51,416,780		COST	
(2) LEGACY AWARDS	720	2,303,121		COST	
(3) DISASTER RELIEF	60000	1,188,748		COST	
(4) WINGS OF A HERO	9	9,000		COST	
(5) UKRAINIAN RELIEF	1800000	1,886,351		COST	
(6) HOME PURCHASES AND RENOV	72	14,446,839		COST	
(7) NYPD FUNERAL	1	5,304		COST	
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE FOUNDATION RECEIVES LETTERS FROM THE AGENCIES TO WHICH IT DONATES WHICH DETAILS HOW THE FUNDS WILL BE USED.
SCHEDULE I, PAGE 4, PART IV	PART III TYPE OF GRANT DESCRIPTION: 1) MORTGAGE PAYMENTS - SEE PROGRAM ACCOMPLISHMENT 1 (SCHEDULE O). 2) LEGACY AWARDS - SEE PROGRAM SERVICE ACCOMPLISHMENT 2 (SCHEDULE O). 3) DISASTER RELIEF - SEE PROGRAM SERVICE ACCOMPLISHMENT 1 (SCHEDULE O). 4) WINGS OF A HERO - SEE PROGRAM SERVICE ACCOMPLISHMENT 2 (SCHEDULE O). 5) UKRAINIAN RELIEF -SEE PROGRAM SERVICE ACCOMPLISHMENT 1 (SCHEDULE O). 6) HOME PURCHASES AND RENOVATIONS - SEE PROGRAM SERVICE ACCOMPLISHMENT 1 (SCHEDULE O). 7) NYPD FUNERAL - SEE PROGRAM SERVICE ACCOMPLISHMENT 1 (SCHEDULE O).

Additional Data

Software ID:
Software Version:
EIN: 02-0554654
Name: STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FAMILY FOR EVERY ORPHAN PO BOX 34628 SEATTLE, WA 98124	26-4015124	501C3	75,000		COST		CAMP LELA IN ROMANIA
DIOCESE OF NY & NE 500 TODT HILL ROAD STATEN ISLAND, NY 10304	46-4149685	501C3	20,000		COST		SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FDNY FOUNDATION 9 METRO TECH CENTER ROOM 5E-10 BROOKLYN, NY 11201	11-2632404	501C3	10,000		COST		SUPPORT
FRONTIER HORIZEN 2950 BALTIC AVE APT 202 VIRGINIA BEACH, VA 23421	54-2034061	501C3	200,000		COST		UKRAINE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL WAR ON TERRORISM MEMORIAL FUND 1300 PENNSYLVANIA AVE SW STE 700 WASHINGTON, DC 20004	47-3700489	501C3	250,000		COST		GWOT MEMORIAL
GREAT KILLS LITTLE LEAGUE PO BOX 120038 STATEN ISLAND, NY 10312	23-7155635	501C3	10,000		COST		SCOREBOARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMTCC INC 930 CUSTER AVE SE ATLANTA, GA 30316	58-1652824	501C3	10,000		COST		SUPPORT
HUMBLE HAITIAN WARRIOR INC 350 QUINCY STREET SUITE 4 BROOKLYN, NY 112161502	84-3752742	501C3	40,995		COST		SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAR OF HOPE 631 LAKE AVENUE MANALAPAN, NJ 07712	46-4134019	501C3	50,000		COST		SUPPORT
KIDS SAVE PO BOX 39293 LOS ANGELES, CA 90039	91-1887623	501C3	1,200,000		COST		UKRAINE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTHER AMOUNTS UNDER 5000 VARIOUS VARIOUS, NY 10306			95,400		COST		SUPPORT
POTSDAM COLLEGE FOUNDATION BURKE SCHOLARSHIP STATE UNIVERSITY COLLEGE POTSDAM, NY 13676	23-7088021	501C3	25,000		COST		SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACHCYCLES 2536 FALKIRK DR N CHESTERFIELD, VA 23236	90-1070435	501C3	10,000		COST		SUPPORT
SEMPER FI & AMERICA'S FUND 715 BROADWAY ST QUANTICO, VA 221345176	26-0086305	501C3	2,500,000		COST		SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANKSVILLE VOLUNTEER FIRE DEPT PO BOX 161 SHANKSVILLE, PA 155600161	23-7101567	501C3	58,650		COST		ADDITION TO FIREHOUS
SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 N RIVER RD MANCHESTER, NH 03106	20-2745090	501C3	10,000		COST		SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GEORGE THEATRE 35 HYATT STREET STATEN ISLAND, NY 10301	20-0985637	501C3	10,000		COST		GOLF SPONSORSHIP
TIVKA CHILDREN'S HOME 14225 COLUMBET AVE SAN MARTIN, CA 95046	37-1549305	501C3	10,000		COST		SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TO DO INSTITUTE PO BOX 50 MONKTON, VT 05469	30-3359310	501C3	10,000		COST		SUPPORT
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	72,000,000		COST		MULTI YEAR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	3,000,000		COST		RIVERSIDE CA GRANT
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	5,000,000		COST		PHOENIX, AZ GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	294,797		COST		COMFORT HOMES
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501C3	159,171		COST		APARTMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERAN'S MATTER 3450 CENTRAL AVE STE 124 TOLEDO, OH 43606	26-2052237	501C3	350,000		COST		SUPPORT
VETERANS & ATHLETES UNITED 2536 FALKIRK DR NORTH CHESTERFIELD, VA 232361623	46-1844248	501C3	50,000		COST		SUPPORT FOR VAU

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS AIR LIFT COMMAND 7825 WASHINGTON AVE S STE 500 MINNEAPOLIS, MN 55439	20-4567769	501C3	125,000		COST		SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

MORTGAGE PAYMENTS	268	51,416,780		COST	
MORTGAGE PAYMENTS	268	51,416,780		COST	
LEGACY AWARDS	720	2,303,121		COST	
DISASTER RELIEF	60000	1,188,748		COST	
WINGS OF A HERO	9	9,000		COST	
UKRAINIAN RELIEF	1800000	1,886,351		COST	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

HOME PURCHASES AND RENOV	72	14,446,839	COST
HOME PURCHASES AND RENOV	72	14,446,839	COST
NYPD FUNERAL	1	5,304	COST

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FRANK SILLER	CHAIRMAN	219,547	RENT		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

Employer identification number
02-0554654

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	66,448	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	398	4,987,785	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	2,075,000	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HD GIFT CARDS</u>)	X	9	857,000	
26 Other ▶ (<u>BLDG SUPPLIES</u>)	X	8	40,805	
27 Other ▶ (<u>GOODS</u>)	X	32	32,881	
28 Other ▶ (_____)				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		No
31	Yes	
32a		No

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
STEPHEN SILLER TUNNEL TO TOWERS
FOUNDATION

Employer identification number

02-0554654

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION IS TO HONOR THE SACRIFICE OF FDNY FIREFIGHTER STEPHEN SILLER, AND ALL THOSE WHO LAID DOWN THEIR LIVES TO SAVE OTHERS ON SEPTEMBER 11, 2001. WE ALSO HONOR OUR MILITARY, AND FIRST RESPONDERS WHO CONTINUE TO MAKE THE SUPREME SACRIFICE OF LIFE AND LIMB FOR OUR COUNTRY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	HOMELESS VETERANS PROGRAM - THE FOUNDATION IS COMMITTED TO HONORING THE SACRIFICE OF AMERICAN SERVICE MEMBERS AND HELPING END HOMELESSNESS AMONGST THE VETERAN COMMUNITY. PROVIDING A SAFE AND DIGNIFIED HOME IS AN INTEGRAL PART OF HELPING VETERANS WHO ARE HOMELESS RECLAIM THEIR LIVES. VETERANS IN THIS PROGRAM RECEIVE THE SUPPORT THEY NEED TO HELP THEM ADDRESS ANY OBSTACLES TO LIVING A MORE INDEPENDENT LIFE. IN ADDITION TO DELIVERING HOUSING, WE PROVIDE COMPREHENSIVE CARE THROUGH OUR NATIONAL CASE MANAGEMENT TEAM BY CONNECTING VETERANS WHO HAVE ADDITIONAL NEEDS WITH MENTAL HEALTH COUNSELING, ADDICTION SERVICES, SKILLS TRAINING AND JOB PLACEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	IN THE LINE OF DUTY PROGRAMS: 1) SMART HOME PROGRAM: THIS PROGRAM CONSTRUCTS CUSTOM, SPECIALLY ADAPTED SMART HOMES FOR CATASTROPHICALLY INJURED SERVICE MEMBERS AND FIRST RESPONDERS TO RESTORE THEIR ABILITY TO LIVE A LIFE OF INDEPENDENCE. 2) FALLEN FIRST RESPONDER HOME PROGRAM: THE FOUNDATION PROVIDES MORTGAGE FREE HOMES TO FAMILIES WITH YOUNG CHILDREN LEFT BEHIND WHEN A FIREFIGHTER OR POLICE OFFICER IS KILLED IN THE LINE OF DUTY. 3) GOLD STAR HOME PROGRAM: THE FOUNDATION PROVIDES MORTGAGE FREE HOMES FOR FAMILIES WITH YOUNG CHILDREN WHO ARE LEFT BEHIND WHEN A SERVICE MEMBER DIES IN THE LINE OF DUTY. 4) HOMELESS VETERANS PROGRAM - THE FOUNDATION IS COMMITTED TO HONORING THE SACRIFICE OF AMERICAN SERVICE MEMBERS AND HELPING END HOMELESSNESS AMONGST THE VETERAN COMMUNITY. PROVIDING A SAFE AND DIGNIFIED HOME IS AN INTEGRAL PART OF HELPING VETERANS WHO ARE HOMELESS RECLAIM THEIR LIVES. VETERANS IN THIS PROGRAM RECEIVE THE SUPPORT THEY NEED TO HELP THEM ADDRESS ANY OBSTACLES TO LIVING A MORE INDEPENDENT LIFE. IN ADDITION TO DELIVERING HOUSING, WE PROVIDE COMPREHENSIVE CARE THROUGH OUR NATIONAL CASE MANAGEMENT TEAM BY CONNECTING VETERANS WHO HAVE ADDITIONAL NEEDS WITH MENTAL HEALTH COUNSELING, ADDICTION SERVICES, SKILLS TRAINING AND JOB PLACEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>NEVER FORGET PROGRAMS: 1) NATIONAL TUNNEL TO TOWERS RUNS AND STAIR CLIMB SERIES: THE NEW YORK CITY 5K RUN AND TOWER CLIMB AS WELL AS THE NATIONAL RUNS AND CLIMBS ARE MEMORIAL EVENTS HELD IN HONOR OF STEPHEN SILLER (FDNY), AND ALL WHO PERISHED ON 9/11, AS WELL AS FIRST RESPONDERS AND MILITARY WHO CONTINUE TO PUT THEIR LIVES ON THE LINE TO SERVE AND PROTECT OUR NATION. THE FOUNDATION HAS ESTABLISHED THESE MEMORIAL EVENTS TO ENSURE WE NEVER FORGET 2) TUNNEL TO TOWERS 9/11 INSTITUTE: THIS IS OUR SEPTEMBER 11, 2001 EDUCATION PROGRAM. THE FOUNDATION HAS DEVELOPED A CURRICULUM FOR GRADES K- 12 THAT CAN BE ACCESSED BY TEACHERS THROUGHOUT THE NATION TO EDUCATE CHILDREN ABOUT THE HISTORY OF 9/11. THE PROGRAM ALSO INCLUDES A MOBILE EXHIBIT, WHICH SERVES TO EDUCATE AND PAY TRIBUTE TO THE SACRIFICES MADE ON SEPTEMBER 11, 2001. 3) WINGS OF A HERO: TO HELP LOCAL COMMUNITY CHILDREN IN NEED WHO HAVE LOST A PARENT BY PROVIDING ASSISTANCE FOR SCHOOL, COUNSELING OR OTHER NEEDS. 4) LEGACY AWARDS: TO ASSIST FAMILIES OF INJURED OR FALLEN FIRST RESPONDERS WITH THEIR SPECIFIC IMMEDIATE FINANCIAL NEEDS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	FRANK SILLER PRESIDENT FAMILY GEORGE SILLER VICE CHAIR FAMILY MARY SCULLIN TREASURER FAMIL Y REGINA VOGT SECRETARY FAMILY JANIS HANNAN VICE CHAIR FAMILY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS CIRCULATED TO ALL BOARD MEMBERS BEFORE A FINAL COPY IS ELECTRONICALLY FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE PURPOSE OF THIS CONFLICT OF INTEREST POLICY (THE "POLICY") IS TO PROTECT THE INTERESTS OF THE STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION ("TUNNEL TO TOWERS-; THE "FOUNDATION") WHEN THE FOUNDATION IS CONTEMPLATING A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF AN OFFICER OR DIRECTOR OF THE FOUNDATION, AND ENSURE THAT ALL OFFICERS AND DIRECTORS ACT IN THE FOUNDATION'S BEST INTERESTS. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE LAWS GOVERNING CONFLICTS OF INTEREST FOR NONPROFIT AND CHARITABLE CORPORATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	MINNESOTA, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	A COPY OF THE FORM 990 AND ACCOUNTANT'S REPORT IS AVAILABLE ON THE NYS CHARITIES BUREAU WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE LOCATED IN THE ADMINISTRATIVE OFFICES OF THE FOUNDATION. A COPY OF THE FORM 990 AND ACCOUNTANT'S REPORT IS MADE AVAILABLE ON THE NYS CHARITIES BUREAU WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BAD DEBT EXPENSE -389,965