

Form **990**
(Rev. January 2020)
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

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GARY SINISE FOUNDATION		D Employer identification number 80-0587086
	Doing business as		E Telephone number 310-273-3373
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2029 CENTURY PARK EAST		G Gross receipts \$ 47,316,696.
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90067		
F Name and address of principal officer: ELIZABETH A FIELDS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **GARYSINISEFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **DE**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE THE NATION BY HONORING ITS DEFENDERS, VETERANS, 1ST RESPONDERS, THEIR FAMILIES & THOSE IN NEED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	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 2019 (Part V, line 2a)	5	64
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	37,064,039.	41,945,996.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	296,500.	83,250.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	456,537.	749,449.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,308.	129,833.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,863,384.	42,908,528.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,366,366.	6,974,862.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	2,745,682.	4,193,123.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,632,362.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,892,085.	27,798,064.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,004,133.	38,966,049.
19 Revenue less expenses. Subtract line 18 from line 12	7,859,251.	3,942,479.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	46,688,519.	51,598,916.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,395,749.	3,129,143.
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		
	ELIZABETH A FIELDS, CHIEF OPERATING OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ANDREW J. OZUROVICH				P00736945
Firm's name ▶ MACIAS GINI & O'CONNELL LLP			Firm's EIN ▶ 95-4502766		
Firm's address ▶ 2029 CENTURY PARK EAST STE 1500 LOS ANGELES, CA 90067-2935			Phone no. (310) 277-3373		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO HONOR THE NATION'S DEFENDERS, VETERANS, FIRST RESPONDERS, THEIR FAMILIES, AND THOSE IN NEED. THE FOUNDATION PROVIDES AND SUPPORTS UNIQUE PROGRAMS DESIGNED TO ENTERTAIN, EDUCATE, INSPIRE, STRENGTHEN AND BUILD COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,436,252. including grants of \$ 558,704.) (Revenue \$) R.I.S.E. (RESTORING INDEPENDENCE AND SUPPORTING EMPOWERMENT) IS BUILDING MORTGAGE FREE, SPECIALLY ADAPTED SMART HOMES FOR AMERICA'S MOST SEVERELY WOUNDED VETERANS ALL ACROSS THE NATION. SIMPLE TASKS - CLIMBING STAIRS, GETTING IN AND OUT OF THE BATHROOM - ARE DONE WITHOUT A SECOND THOUGHT BY MOST. BUT THIS IS REALITY FOR OUR WOUNDED. WITH THE FOUNDATION CONSTRUCTING THESE ONE-OF-A-KIND HOMES, EACH INJURED HERO, WITH THEIR CAREGIVER AND FAMILY ARE ABLE TO MOVE FORWARD WITH THEIR LIVES. DURING THE FISCAL YEAR, THE GARY SINISE FOUNDATION CONSTRUCTED 8 SPECIALLY ADAPTED SMART HOMES FOR WOUNDED HEROES AND ENROLLED 8 NEW VETERANS AND 1 FIRST RESPONDER. BY THE END OF THE YEAR THE FOUNDATION HAD COMPLETED 60 HOMES FOR OUR INJURED HEROES AND THEIR FAMILIES SINCE INCEPTION AND HAD 19 HOMES UNDERWAY. IN ADDITION, THROUGH R.I.S.E.THE

4b (Code:) (Expenses \$ 11,543,825. including grants of \$ 3,208,381.) (Revenue \$ 52,140.) RELIEF AND RESILIENCY OUTREACH SUPPORTS OUR NATION'S DEFENDERS, WOUNDED/ILL/INJURED VETERANS, THEIR LOVED ONES AND GOLD STAR FAMILIES AS THEY COPE WITH TRAUMA AND LOSS. THE FOUNDATION PROVIDED OVER 209 GRANTS TO THESE INDIVIDUALS IN THEIR TIME OF URGENT NEED. THE GARY SINISE FOUNDATION HOSTED 9 PARTICIPANTS FOR THEIR MENTORSHIP PROGRAM SEVEN-DAY RETREAT, INTRODUCING POST 9/11 INJURED HEROES WITH VETERANS FROM THE VIETNAM AND KOREAN WARS. 2 INVINCIBLE SPIRIT FESTIVALS WERE HOSTED AT MILITARY MEDICAL CENTERS ACROSS THE COUNTRY WITH OVER 6,300 ATTENDEES CELEBRATING OUR WOUNDED HEROES WITH THEIR FAMILIES AND CAREGIVERS AND MILITARY MEDICAL STAFF. EACH EVENT INCLUDES A LIVE LT DAN BAND CONCERT, A FAIR-LIKE ATMOSPHERE FOR CHILDREN AND A DELICIOUS MEAL PREPARED BY A CELEBRITY CHEF. IN 2019 THE FOUNDATION HOSTED 2,882

4c (Code:) (Expenses \$ 3,781,041. including grants of \$ 997,443.) (Revenue \$ 69,007.) COMMUNITY EDUCATION AND OUTREACH BROUGHT OVER 196 WWII VETERANS AND 196 GUARDIANS TO THE NATIONAL WWII MUSEUM IN NEW ORLEANS THROUGH THE SOARING VALOR PROGRAM. IN 2019, THE PROGRAM EXPANDED AND ALLOWED FOR AN EDUCATION EXPERIENCE BY INVITING 124 STUDENTS TO JOIN THE VETERANS ON SOARING VALOR TRIPS. THE PROGRAM ALSO DOCUMENTED 150 ORAL HISTORY STORIES FROM WWII VETERANS IN THE COMFORT OF THEIR OWN HOMES BY SPONSORING A HISTORIAN FROM THE MUSEUM. ARTS & ENTERTAINMENT OUTREACH WELCOMED 820 VETERANS TO A LIVE PERFORMANCE AND A CATERED DINNER AT LOCAL THEATERS IN CHICAGO AND LOS ANGELES FREE OF CHARGE. OVER 97,770 ACTIVE DUTY AND VETERANS WERE SERVED HEARTY, CLASSIC AMERICAN MEALS AT MAJOR TRAVEL HUBS AND MILITARY VENUES ALL ACROSS THE NATION THROUGH SERVING HEROES. THE FOUNDATION HAS ENROLLED 27 AMBASSADORS TO REPRESENT

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,556,854. including grants of \$ 2,210,334.) (Revenue \$ 91,936.)

4e Total program service expenses 34,317,972.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 40	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY SINISE CHAIR, PRESIDENT, DIRECTOR	20.00	X		X				0.	0.	0.
(2) MOIRA SINISE DIRECTOR	10.00	X						0.	0.	0.
(3) JIM SHUBERT TREASURER (UNTIL 8/6/19) & DIRECTOR	10.00	X		X				0.	0.	0.
(4) PASTOR VELASCO DIRECTOR	10.00	X						0.	0.	0.
(5) LINDA BAMMANN DIRECTOR	10.00	X						0.	0.	0.
(6) JOHN D HEUBUSCH DIRECTOR	10.00	X						0.	0.	0.
(7) VINCENT BROOKS DIRECTOR	10.00	X						0.	0.	0.
(8) ANDREW OZUROVICH SECRETARY AND CFO	10.00			X				0.	0.	0.
(9) ROBIN RAND CHIEF EXECUTIVE OFFICER	40.00			X				287,500.	0.	12,230.
(10) ELIZABETH A FIELDS (BEGINNING 4 CHIEF OPERATING OFFICER	50.00			X				211,019.	0.	9,254.
(11) GARY STARR TREASURER (STARTING 8/7/19)	10.00			X				0.	0.	0.
(12) TREVOR BALOUGH CHIEF OF STAFF	40.00					X		131,553.	0.	10,763.
(13) CRISTIN BARTTER DIR OF CHAIRMAN OPERATIONS/EXEC ASST	40.00					X		110,000.	0.	9,657.
(14) HANNAH LUPPINO DIRECTOR OF EVENTS	40.00					X		102,216.	0.	9,258.
(15) JUDITH OTTER COO (UNTIL 3/31/19)	60.00						X	354,940.	0.	14,934.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ANDREW OZUROVICH - 310-273-3373**
2029 CENTURY PARK EAST SUITE 1500, LOS ANGELES, CA 90067

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	41,939,996.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,731,239.			
	h	Total. Add lines 1a-1f		41,945,996.			
Program Service Revenue	2 a	EVENTS	Business Code				
			900099	83,250.	83,250.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		83,250.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		567,818.		567,818.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,478,030.			
	7 b	Less: cost or other basis and sales expenses		4,296,399.			
	7 c	Gain or (loss)		181,631.			
d	Net gain or (loss)		181,631.		181,631.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
			241,602.				
10 b	Less: cost of goods sold		111,769.				
c	Net income or (loss) from sales of inventory		129,833.	129,833.			
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		42,908,528.	213,083.	0.	749,449.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,890,244.	5,890,244.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,084,618.	1,084,618.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	493,717.	419,659.	49,372.	24,686.
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	3,168,132.	1,722,248.	928,066.	517,818.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,249.	25,298.	11,544.	6,407.
9 Other employee benefits	224,010.	131,029.	59,794.	33,187.
10 Payroll taxes	264,015.	154,429.	70,472.	39,114.
11 Fees for services (nonemployees):				
a Management				
b Legal	784,597.	516,394.	177,722.	90,481.
c Accounting	233,109.		233,109.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,589,994.	4,077,407.	275,409.	237,178.
12 Advertising and promotion	294,549.		294,549.	
13 Office expenses	1,216,811.	667,331.	302,030.	247,450.
14 Information technology	296,259.	90,708.	122,292.	83,259.
15 Royalties				
16 Occupancy	525,904.	380,518.	81,591.	63,795.
17 Travel	3,885,909.	3,594,914.	173,849.	117,146.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,412,326.	2,388,541.	2,652.	21,133.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	441,912.	280,172.	90,769.	70,971.
23 Insurance	76,820.	54,014.	13,614.	9,192.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION COSTS	11,018,455.	11,018,455.		
b EQUIPMENT RENTAL	1,432,810.	1,360,291.	5,749.	66,770.
c FURNISHINGS	270,000.	270,000.		
d MERCHANDISE COSTS	140,325.	21,047.	119,278.	0.
e All other expenses SEE SCH O	178,284.	170,655.	3,854.	3,775.
25 Total functional expenses. Add lines 1 through 24e	38,966,049.	34,317,972.	3,015,715.	1,632,362.
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,134,325.	1	13,114,135.
	2 Savings and temporary cash investments	8,026,661.	2	14,148,864.
	3 Pledges and grants receivable, net	5,862,311.	3	2,762,453.
	4 Accounts receivable, net	70,465.	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	138,829.	8	179,155.
	9 Prepaid expenses and deferred charges	842,352.	9	331,583.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,153,794.		
	b Less: accumulated depreciation	10b 1,146,237.	1,678,863.	10c 2,007,557.
	11 Investments - publicly traded securities	14,652,103.	11	18,354,514.
	12 Investments - other securities. See Part IV, line 11	1,242,537.	12	653,196.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	40,073.	15	47,459.
16 Total assets. Add lines 1 through 15 (must equal line 33)	46,688,519.	16	51,598,916.	
Liabilities	17 Accounts payable and accrued expenses	3,125,536.	17	2,711,482.
	18 Grants payable	15,000.	18	200,000.
	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	255,213.	25	217,661.
	26 Total liabilities. Add lines 17 through 25	3,395,749.	26	3,129,143.
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	33,058,960.	27	42,269,639.
	28 Net assets with donor restrictions	10,233,810.	28	6,200,134.
	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	43,292,770.	32	48,469,773.
33 Total liabilities and net assets/fund balances	46,688,519.	33	51,598,916.	

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	42,908,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,966,049.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,942,479.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,292,770.
5	Net unrealized gains (losses) on investments	5	1,594,922.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-66,215.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-294,183.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,469,773.

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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14194032.	21374853.	28224655.	37064039.	41933996.	142791575
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14194032.	21374853.	28224655.	37064039.	41933996.	142791575
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6662032.
6 Public support. Subtract line 5 from line 4.						136129543

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	14194032.	21374853.	28224655.	37064039.	41933996.	142791575
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	713.	122,281.	407,111.	550,651.	567,818.	1648574.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			86,618.	9,000.		95,618.
11 Total support. Add lines 7 through 10						144535767
12 Gross receipts from related activities, etc. (see instructions)					12	1,668,371.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.18 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.79 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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 (2), 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 in (a) 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 (a) and (b) 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>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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,802,075.	595,083.	1,206,992.
c Leasehold improvements				
d Equipment		537,528.	231,207.	306,321.
e Other		814,191.	319,947.	494,244.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,007,557.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	217,661.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	217,661.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	44,549,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,594,922.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	111,769.	
e	Add lines 2a through 2d	2e		1,706,691.
3	Subtract line 2e from line 1		3	42,842,313.
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	66,215.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		66,215.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	42,908,528.

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	39,077,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	111,769.	
e	Add lines 2a through 2d	2e		111,769.
3	Subtract line 2e from line 1		3	38,966,049.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	38,966,049.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 111,769.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 111,769.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREATER TUCSON FIRE FOUNDATION 6374 E CALLE DE MIRAR TUCSON, AZ 85750	27-3155431	501(C)(3)	10,000.	0.			TO SPONSOR FIESTA DE LOS BOMBEROS
INSPIRATION POINT VOLUNTEER FIRE DEPARTMENT - 31 OZARK AUTOMOTIVE RD - EUREKA SPRINGS, AZ 72632	27-5011085	501(C)(4)	19,668.	0.			TO PURCHASE 12 SETS OF TURNOUT GEAR
AMERSON MUSIC MINISTRIES 11856 BALBOA BLVD #337 GRANADA HILLS, CA 91344	95-4182150	501(C)(3)	5,000.	0.			ARMY BIRTHDAY BALL
BOB HOPE USO 200 PINE AVENUE SUITE 240 LONG BEACH, CA 90802	95-2302811	501(C)(3)	21,428.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
CORPORAL RONIL SINGH MEMORIAL FUND P.O. BOX 2314 CERES, CA 95307	27-0443379	501(C)(3)	5,000.	0.			DONATION TO FALLEN OFFICER FUND
FORT IRWIN CA P.O. BOX 105094 FORT IRWIN, CA 92310	75-1360092	FORT IRWIN CA	6,869.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

3 Enter total number of other organizations listed in the line 1 table **21.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER SACRAMENTO - 819 NORTH 10TH STREET - SACRAMENTO, CA 95811	68-0085804	501(C)(3)	9,512.	0.			ASSISTANCE TO HELP WITH CONSTRUCTION OF HOMES FOR VETERANS
LOS ANGELES AIR FORCE BASE 483 N AVALON BLVD EL SEGUNDO, CA 90245	53-0228403	LOS ANGELES AFB	27,381.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
LOS ANGELES FIRE DEPT FOUNDATION 1700 STADIUM WAH SUITE 100 LOS ANGELES, CA 90012	27-2007326	501(C)(3)	21,999.	0.			TO PURCHASE CREW 3 EQUIPMENT
LOS ANGELES VETERANS ADMINISTRATION - 11301 WILSHIRE BLVD - LOS ANGELES, CA 90073	95-3626252	LA VETERANS ADMI	44,510.	0.			MEALS FOR THE VETERANS AT LOS ANGELES VETERANS ADMINISTRATION AS PART OF SERVING HEROES PROGRAM
MILFORD FIRE DISTRICT 449-960 HIXON LANE MILFORD, CA 96121	75-2584738	501(C)(3)	20,127.	0.			TO PURCHASE 15 SETS OF PERSONAL PROTECTION SUITS FOR FIREFIGHTING
MVAT FOUNDATION 13636 VENTURA BLVD SUITE 218 SHERMAN OAKS, CA 91423	27-0222812	501(C)(3)	15,000.	0.			TO SUPPORT THE PROGRAM OF THE ORGANIZATION
SHELTER PARTNERSHIP, INC. 523 WEST SIXTH STREET NO 616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	5,000.	0.			TO SUPPORT THE PROGRAMS OF THE ORGANIZATION
TWENTYNINE PALMS 1551 FIFTH STREET TWENTYNINE PALMS, CA 92278	33-0340335	MARINE CORPS COM	8,959.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND THEIR FAMILIES
WOODLAND HILLS CHAMBER OF COMMERCE 6100 TOPANGA CANYON BLVD WOODLAND HILLS, CA 91367	45-0975689	501(C)(6)	5,000.	0.			GRATEFUL HEARTS SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO COUNCIL OF SAN DIEGO 303 A STREET SUITE 100 SAN DIEGO, CA 92101	95-1644030	501(C)(3)	42,862.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL IN SAN DIEGO AS PART OF SERVING HEROES PROGRAM
VENTURA NAVAL BASE 311 MAIN RD #355 NAS POINT MAGU, CA 93042	95-1734665	NAVAL BASE VENTU	22,000.	0.			TO PROVIDE MEALS TO MILITARY PERSONNEL AT POINT HUENEME NAVAL BASE AS PART OF THE SERVING
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET SUITE 725 DENVER, CO 80203	84-6049811	501(C)(3)	1,300,000.	0.			TO SUPPORT THE MARCUS INSTITUTE FOR BRAIN HEALTH
NO GREATER SACRIFICE 1101 PENNSYLVANIA AVE NW SUITE 300 WASHINGTON, DC 20004	26-1572599	501(C)(3)	250,000.	0.			TO PROVIDE SCHOLARSHIPS FOR THE CHILDREN OF SERVICE MEMEBERS AND FIRST RESPONDERS WHO WERE
SONS AND DAUGHTERS IN TOUCH INC 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036	54-1655310	501(C)(3)	25,000.	0.			SUPPORT FOR FATHER'S DAY 2020
ROBERT IRVINE FOUNDATION 1227 N FRANKLIN STREET TAMPA, FL 33602	46-5420676	501(C)(3)	5,000.	0.			SPONSORSHIP
BE STILL MINISTRIES 245 BLACKROCK TRACE MILTON, GA 30004	47-5259109	501(C)(3)	300,000.	0.			TO PROVIDE FUNDING FOR (3) WIDOW RETREATS FOR WIVES OF SERVICE MEMBERS AND FIRST RESPONDERS
IRWINTON FIRE DEPARTMENT 109 E MAIN STREET IRWINTON, GA 31042	58-1024372		55,200.	0.			TO PURCHASE 5 AIR-PAK X3 PRO
HINES VETERANS ADMINISTATION 5000 5TH AVENUE HINES, IL 60141	02-0678631	501(C)(3)	23,807.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IL STATE TROOPER POLICE HERITAGE FOUNDATION - P.O. BOX 2210 - SPRINGFIELD, IL 62705	37-1407084	501(C)(3)	5,000.	0.			TO SUPPORT FAMILY OF TROOPER CHRISTOPHER LAMBERT
USO OF IL, INC. 333 S WABASH AVENUE 16TH FLOOR CHICAGO, IL 60604	36-2349617	501(C)(3)	23,940.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL IN CHICAGO AS PART OF SERVING HEROES PROGRAM
LACROSSE VOLUNTEER FIRE DEPARTMENT 100 S WASHINGTON LACROSSE, IN 46348	32-0213457	501(C)(3)	99,999.	0.			TO PURCHASE 9 MSA G1 SCBA SETS
MELLOTT VOLUNTEER FIRE DEPARTMENT 211 W BEAVER STREET MELLOTT, IN 47958-8038	61-6037499	501(C)(3)	106,980.	0.			TO PURCHASE 6 MSA 61 SCBA UNITS
MONROE TOWNSHIP FIRE DEPARTMENT P.O. BOX 88 HENRYVILLE, IN 47126	35-1810529	501(C)(3)	13,200.	0.			TO PURCHASE EQUIPMENT
PINES FIRE DEPARTMENT 1519 DELAWARE MICHIGAN CITY, IN 46360	16-1582617	501(C)(4)	87,000.	0.			TO PURCHASE 9 MSA G1 SCBA UNITS
MORGAN TWP FIRE DEPARTMENT 291-2 SOUTH STATE ROAD 49 VALPARAISO, IN 46383	35-1375411	501(C)(3)	14,480.	0.			TO PURCHASE PAGERS
OPERATION BBQ RELIEF P.O. BOX 3825 SHAWNEE, KS 66203	45-2442792	501(C)(3)	56,300.	0.			HURRICANE RELIEF FOR THE BAHAMAS
BREEDING VOLUNTEER FIRE DEPARTMENT 290 FIRE DEPT LANE BREEDING, KY 42715	61-1322142		50,119.	0.			16 SETS OF TURNOUT GEAR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT CAMPBELL KY 6145 DESERT STORM AVE FORT CAMPBELL, KY 42223	13-1610451	FORT CAMPBELL KY	18,229.	0.			TO PROVIDE FOOD FOR MILITARY PERSONNEL AS PART OF THE FOUNDATION'S SERVING HEROES PROGRAM
HENDERSON CITY-COUNTY RESCUE SQUAD 390 SASMBALL WAY HENDERSON, KY 42420	61-1036769		52,705.	0.			TO PURCHASE RESCUE EQUIPMENT
KIRKSVILLE FIRE DEPARTMENT 668 KIRKSVILLE ROAD RICHMOND, KY 40475			53,600.	0.			TO PURCHASE 8 MSA G1 SCBA EQUIPMENT
PLYMPTON FIRE DEPARTMENT 3 PALMER ROAD PLYMPTON, MA 02367	62-1182845	501(C)(3)	24,000.	0.			TO PURCHASE 32 SETS OF COATS AND PANTS
BADGES UNITED FOUNDATION 10700 HAYES AVENUE SILVERSPRING, MD 20902	83-1560732	501(C)(3)	50,000.	0.			MENTAL HEALTH TREATMENT FOR FIRST RESPONDERS
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW ROAD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	70,000.	0.			TO SPONSOR RETREAT
VEAZIE FIRE DEPARTMENT 1084 MAIN STREET VEAZIE, ME 04401	01-6000409		14,914.	0.			TO PURCHASE CABINET WASHER AND INSTALLATION OF SAME
WREATHS ACROSS AMERICA P.O. BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	50,000.	0.			WREATH SPONSORSHIP FOR ARLINGTON
BUENA VISTA TWP DPS 3438 GENEI AVENUE SAGINAW, MI 48601			6,025.	0.			3 HONEYWELL VIPER COATS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DECATUR FIRE DEPARTMENT 113 SEVENTH STREET DECATUR, MS 39327	64-6007848		21,505.	0.			TO PURCHASE POLARIS RANGER 900 EPS AND MEDLIT TRANSPORT
NORTH CENTRAL VOLUNTEER FIRE DEPARTMENT - 4557 HILLSBORO LUDLOW ROAD - FOREST, MS 39074	55-6010089	501(C)(3)	46,918.	0.			TO PURCHASE 25 SETS OF INNOTEX ENERGY CUSTOM COATS AND PANTS
CAMP4HEROES P.O. BOX 400 FAIRMONT, NC 28340	81-1555077	501(C)(3)	12,325.	0.			TO SUPPORT SUPER BOWL PARTY AT WALTER REED MEDICAL CENTER
COTTON VOLUNTEER FIRE DEPARTMENT 4618 CALICO STREET HOPE MILLS, NC 28348	56-1354313	501(C)(4)	14,020.	0.			TO PURCHASE WATER RESCUE EQUIPMENT AND RAFT
FAIRMONT CITY FIRE DEPARTMENT 103 S MAIN STREET FAIRMONT, NC 28340	56-6001223	501(C)(3)	20,952.	0.			TO PURCHASE SPREADER AND CUTTER WITH CHARGERS
FORT BRAGG NC 2658 REILLY ROAD FORT BRAGG, NC 28310	56-1602987	FORT BRAGG NC	21,630.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
GRAYS CREEK VOLUNTEER FIRE DEPARTMENT - 7010 FIRE DEPT ROAD - HOPE MILLS, NC 28348	56-1194522	501(C)(3)	57,510.	0.			TO PURCHASE GEN2 CONNECTOR BOAT
HOPE FOR THE WARRIORS 5101C WESTERN BLVD STE E PMB 48 JACKSONVILLE, NC 28546	20-5182295	501(C)(3)	25,000.	0.			SUPPORT OF THE ORGANIZATION'S PROGRAMS FOR VETERANS
POTTERS HILL FIRE DEPARTMENT 1307 N NC 41 PINK HILL, NC 28572	56-1413236	501(C)(3)	20,788.	0.			TO PURCHASE 3 ARGUS MI-TIC E 1-BUTTON THERMAL IMAGERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRELLIS SUPPORTIVE CARE 101 HOPSICE LANE WINSTON-SALEM, NC 27103	58-1343313	501(C)(3)	9,200.	0.			TO PROVIDE SUPPORT FOR THE ORGANIZATIONS PROGRAMS
DEWITT VOLUNTEER FIRE DEPARTMENT 209 E FILLMORE AVENUE DE WITT, NE 68341	47-6006166		48,017.	0.			TO PURCHASE POWER PRO AMBULANCE COTS
AMERICAN CORPORATE PARTNERS 140 E 45TH STREET, 19A NY, NY 10017	61-1556042	501(C)(3)	75,000.	0.			VETERAN MENTORING PROGRAM
FDNY FIRE FAMILY TRANSPORT 1933 RYDER ST BROOKLYN, NY 11234	11-3154956	501(C)(3)	53,729.	0.			TO PURCHASE VAN TO TRANSPORT FIREFIGHTERS, FAMILIES MEMBERS AND DEPARTMENT
FORT DRUM NY 10783 CHAPEL DRIVE FORT DRUM, NY 13602	45-0526154	FORT DRUM NY	5,979.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
FRIENDS OF FIREFIGHTERS 199 VAN BRUNT STREET BROOKLYN, NY 11231	01-0611469	501(C)(3)	150,755.	0.			ANNUAL SPONSORSHIP TO SUPPORT THE PROGRAMS OF THE ORGANIZATION
THE DETECTIVE RAFAEL RAMOS FOUNDATION - P.O. BOX 863112 - RIDGEWOOD, NY 11386	47-5466069	501(C)(3)	10,000.	0.			TO SUPPORT THE FOUNDATION'S TOY DRIVE
JEFFERSON TOWNSHIP FIRE & RESCUE 3772 WHISKEY RUN ROAD CHILLICOTHE, OH 45601	31-1310633	501(C)(3)	77,197.	0.			TO PURCHASE 8 4500 PSI SCBA EQUIPMENT
MARPLE TOWNSHIP AMBULANCE CORPS P.O. BOX 172 BROOMALL, PA 19008	23-6293720	501(C)(3)	41,667.	0.			TO PURCHASE DEFIBRILLATOR AND LAW ENFORCEMENT FIRST RESPONDER COURSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX HOSE CO #4 28 ANN STREET POTTERVILLE, PA 17901	75-3772821	501(C)(3)	59,728.	0.			TO PURCHASE 20 SESTS OF TURNOUT GEAR
FORT BUCHANAN COMMUNITY CLUB INC 390 DOUBLE EAGLE AVENUE SUITE 100 FORT BUCHANAN, PR 00934	75-1232789	FORT BUCHANAN PR	26,900.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
PATRICK RURAL FIRE DEPARTMENT P.O. BOX 336 PATRICK, SC 29584	57-0922566	501(C)(3)	11,775.	0.			TO PURCHASE FIRE FIGHTING TOOLS
SHAW AIR FORCE BASE 411 POLIFKA DR SHAW AFB, SC 29152	57-0522484	501(C)(3)	7,500.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
VICTORY HOUSE 2461 SIDNEY ROAD WALTERBORO, SC 29488	20-4348153	501(C)(3)	8,046.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
HABITAT FOR HUMANITY FOR CLAY AND YANKTON COUNTIES - 218 CAPITAL STREET - YANKTON, SD 57078	46-0441510	501(C)(3)	81,885.	0.			ASSISTANCE TO HELP WITH CONSTRUCTION OF HOMES FOR VETERANS
HORNBEAK FIRE DEPARTMENT 214 W MAIN STREET HORNBEAK, TN 38232	62-0991165		22,024.	0.			TO PURCHASE 4 AIRPACS
CAMP CASEY KOREA P.O. BOX 6111 TEXARKANA, TX 75505-6111	75-1744396	CAMP CASEY KOREA	32,500.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND THEIR FAMILIES AT CAMP CASEY IN SOUTH KOREA AS
CANNON COUNTY RESCUE SQUAD INC 618 LEHMAN STREET WOODBURY, TX 37190	62-1637420	501(C)(3)	23,045.	0.			CUTTER AND SPREADER WITH BATTERIES AND CHARGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELM MOTT FIRE RESCUE 109 W LEO STREET ELM MOTT, TX 76640	74-2678326	501(C)(3)	6,721.	0.			TO PURCHASE RADIOS
FOOT HOOD TX 194 37TH STREET FORT HOOD, TX 76544	74-2841106	FORT HOOD TX	12,097.	0.			TO PROVIDE MEALS FOR MILITARY PERSONNEL AND FAMILIES
KERRVILLE VA 3600 MEMORIAL BLVD KERRVILLE, TX 78028	74-2112082		8,998.	0.			TO PROVIDE MEALS FOR HOSPITAL PERSONNEL
LONE STAR FLIGHT MUSUEM 11551 AEROSPACE AVENUE HOUSTON, TX 77034	76-0213778	501(C)(3)	150,000.	0.			TO SUPPORT THE MUSEUM AND THE AVENGER PROJECT
OBION COUNTY RESCUE SQUAD 406 LUTHER DAVIS ROAD HORNBEAK, TX 38232	62-1229425	501(C)(3)	12,640.	0.			10 SETS OF TURNOUT GEAR
SPEEGLVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 23586 - WACO, TX 76702	23-7115025	501(C)(3)	5,809.	0.			TO PURCHASE EQUIPMENT
TX A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	50,000.	0.			TO ESTABLISH THE GARY SINISE FOUNDATION VETERINARY VALOR FUND
THE GRATITUDE INITIATIVE 101 VINTAGE DRIVE SUITE 100 RED OAK, TX 75154	46-3306022	501(C)(3)	90,000.	0.			TO PROVIDE THE GI COLLEGE SUCCESS ACADEMY TO 50 CHILDREN OF MILITARY SERVICE MEMBERS,
AMERICAN VETERANS CENTER 1100 NORTH GLEBE ROAD SUITE 910 ARLINGTON, VA 22201	51-0232804	501(C)(3)	15,000.	0.			SPONSORSHIP OF NATIONAL MEMORIAL DAY PARADE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BOSSEVAIN FIRE DEPARTMENT 1025 OLD RIVER ROAD POCAHONTAS, VA 24635	84-4875171		41,453.	0.			15 SETS OF TURNOUT GEAR
COPPER CREEK MOCCASIN FIRE DEPARTMENT - 8195 SOUTH 71 - CASTLEWOOD, VA 24224	54-1392210	501(C)(3)	44,684.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
PRATER FIRE DEPARTMENT 1028 KILL DEER LANE GRUNDY, VA 24614	54-1788300	501(C)(3)	27,977.	0.			TO PURCHASE CUTTER AND SPREADER
TOWN OF TAZEWELL FIRE DEPARTMENT 201 CENTRAL AVENUE TAZEWELL, VA 24651	54-6001647	501(C)(3)	66,317.	0.			TO PURCHASE 20 SETS OF TURNOUT GEAR
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD SUITE 630 - ARLINGTON, VA 22201	92-0152268	501(C)(3)	10,106.	0.			TO PROVIDE SUPPORT FOR THE ORGANIZATIONS PROGRAMS
USO 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	282,857.	0.			MEALS FOR MILITARY PERSONNEL AND FAMILIES
LAKE VOLUNTEER FIRE DEPARTMENT P.O. BOX 296 LAKE, WI 25121	58-2000119	501(C)(3)	37,980.	0.			TO PURCHASE 11 SETS OF TURNOUT GEAR
CHAPMANVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 1634 - CHAPMANVILLE, WV 25008	55-6010087	501(C)(3)	28,790.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT
CIRCLEVILLE VOLUNTEER FIRE DEPARTMENT - 18 SWITCHBOARD STREET - CIRCLEVILLE, WV 26804	55-0613583	501(C)(3)	103,149.	0.			TO PURCHASE FIRE FIGHTING EQUIPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRLEA VOLUNTEER FIRE DEPARTMENT 250 THIRD STREET FAIRLEA, WV 24901	55-0594472	501(C)(3)	33,325.	0.			TO PURCHASE CUTTER PACKAGE, SPREADER PACKAGE, RAM PACKAGE, STABILIZER, CHAIN
HANOVER VOLUNTEER FIRE DEPARTMENT 2993 INTERSTATE HIGHWAY HANOVER, WV 24839	55-0668660		33,996.	0.			TO PURCHASE POWER UNIT, CUTTER, AND SPREADER
MONTCALM VOLUNTEER FIRE DEPARTMENT 71 MAIN STREET MONTCALM, WV 24737	35-2569845	501(C)(3)	51,034.	0.			TO PURCHASE 18 SETS OF TURNOUT GEAR
RUPERT VOLUNTEER FIRE DEPARTMENT P.O. BOX 54 RUPERT, WV 25984	55-6024672	501(C)(4)	19,287.	0.			TO PURCHASE TURNOUT GEAR
POCA COMMUNITY VOLUNTEER FIRE DEPARTMENT - P.O. BOX 435 - POCA, WV 25159	55-0686390	501(C)(3)	7,870.	0.			TO PURCHASE 3 PRESSURE FANS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE TO VETERANS AND THEIR FAMILIES THROUGH OUR RELIEF AND RESILIENCY PROGRAM.	158	591,038.	0.		
PURCHASED 7 ADAPTIVE VEHICLES	7	212,965.	0.		
PURCHASED 3 MOBILITY ASSISTANCE DEVICES AND TIRES FOR ONE MOBILITY DEVICE	10	140,617.	0.		
DIRECT CASH ASSISTANCE TO FIRST RESPONDERS AND THEIR FAMILIES	2	10,000.	0.		
HOME MODIFICATIONS FOR 7 VETERANS	7	129,998.	0.		

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

PART I, LINE 2:

GRANTS ARE PROVIDED TO THOSE WHO SUBMIT FORMAL REQUESTS OR ARE REFERRED TO THE FOUNDATION FROM TRUSTED PARTNER ORGANIZATIONS. ONCE APPLICATIONS ARE REVIEWED, THE FOUNDATION HAS PROCEDURES IN PLACE TO RETRIEVE PROPER BACKGROUND/BACKUP INFORMATION NEEDED TO SUPPORT THE GRANT RECIPIENT BASED ON THEIR SPECIFIC NEEDS. MANY TIMES, MOU'S ARE ISSUED BETWEEN THE FOUNDATION AND THE GRANT RECIPIENT.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VENTURA NAVAL BASE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEALS TO MILITARY

PERSONNEL AT POINT HUENEME NAVAL BASE AS PART OF THE SERVING HEROES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NO GREATER SACRIFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS FOR THE

CHILDREN OF SERVICE MEMEBERS AND FIRST RESPONDERS WHO WERE KILLED IN THE LINE OF DUTY

NAME OF ORGANIZATION OR GOVERNMENT: FDNY FIRE FAMILY TRANSPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE VAN TO TRANSPORT

FIREFIGHTERS, FAMILIES MEMBERS AND DEPARTMENT PERSONNEL TO MEDICAL INSTITUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP CASEY KOREA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MEALS FOR MILITARY

PERSONNEL AND THEIR FAMILIES AT CAMP CASEY IN SOUTH KOREA AS PART OF THE SERVING HEROES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THE GRATITUDE INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE THE GI COLLEGE SUCCESS

ACADEMY TO 50 CHILDREN OF MILITARY SERVICE MEMBERS, VETERANS, AND 1ST RESPONDERS

NAME OF ORGANIZATION OR GOVERNMENT: FAIRLEA VOLUNTEER FIRE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE CUTTER PACKAGE, SPREADER

PACKAGE, RAM PACKAGE, STABLIZER, CHAIN SET, C-FRAME AND POWER ADAPTER

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBIN RAND CHIEF EXECUTIVE OFFICER	(i)	287,500.	0.	0.	0.	12,230.	299,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH A FIELDS (BEGINNING 4 CHIEF OPERATING OFFICER	(i)	211,019.	0.	0.	0.	9,254.	220,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUDITH OTTER COO (UNTIL 3/31/19)	(i)	354,940.	0.	0.	0.	14,934.	369,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	58	1,110,745.	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				
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 ▶ (CONSTRUCTION)	X	67	1,183,209.	FMV PROVIDED BY DONO
26 Other ▶ (FURNISHINGS)	X	1	270,000.	FMV PROVIDED BY DONO
27 Other ▶ (FOOD)	X	1	1,151.	FMV PROVIDED BY DONO
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**

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

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.

SCHEDULE M, LINE 32B:

THE FOUNDATION

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GARY SINISE FOUNDATION

Employer identification number

80-0587086

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

FOUNDATION ASSISTED WITH 7 ADAPTED VEHICLES, 12 MOBILITY DEVICES, AND 17
HOME MODIFICATIONS FOR AMERICA'S INJURED, WOUNDED AND ILL/AGING
DEFENDERS.

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

GOLD STAR FAMILY MEMBERS AT THE ANNUAL AND LOCAL COMMUNITY EVENTS FOR
SNOWBALL EXPRESS.

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

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

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

WHETHER THE LT. DAN BAND IS BOOSTING MORALE ON MILITARY BASES AT HOME
AND ABROAD OR RAISING AWARENESS AT BENEFIT CONCERTS ACROSS THE COUNTRY,
THE BAND ENTERTAINS, EDUCATES, INSPIRES AND BUILDS COMMUNITIES WITH ITS
EXPLOSIVE LIVE SHOW EVERYWHERE IT GOES. THE MISSION OF EVERY CONCERT
REMAINS THE SAME: HONOR. GRATITUDE. ROCK & ROLL. THE LT.DAN BAND ENDED
THE FISCAL YEAR PERFORMING 27 CONCERTS FOR OVER 70,500 ATTENDEES
WORLDWIDE.

EXPENSES \$ 2,114,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 91,936.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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FIRST RESPONDERS OUTREACH RECOGNIZED AND SUPPORTS AMERICA 'S
FIREFIGHTERS, POLICE AND EMTS NATIONWIDE. THESE MEN AND WOMEN ARE
INDISPENSABLE TO MAINTAINING THE SAFETY OF OUR COMMUNITIES. GRANTS
ASSISTED FIRST RESPONDERS WITH URGENT NEEDS FROM PROTECTIVE GEAR TO
SAFETY EQUIPMENT. IN 2019, THE PROGRAM ASSISTED 50 DEPARTMENTS WITH
OVER 600 PIECES OF EQUIPMENT.

EXPENSES \$ 2,442,728. INCLUDING GRANTS OF \$ 2,210,334. REVENUE \$ 0.

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

GARY SINISE AND MOIRA SINISE ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION'S SOLE MEMBER IS GARY SINISE.

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

THE SOLE MEMBER HAS THE RIGHT TO APPOINT THE MEMBERS OF THE FOUNDATION'S
GOVERNING BODY. THE FULL BOARD ACKNOWLEDGES THE APPOINTMENT OF ALL NEWLY
APPOINTED BOARD OF DIRECTORS.

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

CERTAIN GOVERNANCE DECISIONS OF THE FOUNDATION ARE RESERVED TO ITS SOLE
MEMBER.

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

FORM 990 IS REVIEWED BY THE FOLLOWING: (1) ANDREW OZUROVICH, CPA, SECRETARY
AND CHIEF FINANCIAL OFFICER, (2) ELIZABETH FIELDS, CHIEF OPERATING OFFICER,
AND (3) THE FOUNDATION'S LEGAL COUNSEL AT THE LAW FIRM OF SEYFARTH SHAW

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS MADE AVAILABLE ON GARYSINISEFOUNDATION.ORG AND GUIDESTAR.ORG

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

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	4,077,407.
MANAGEMENT AND GENERAL EXPENSES	275,409.
FUNDRAISING EXPENSES	237,178.

Name of the organization GARY SINISE FOUNDATION	Employer identification number 80-0587086
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TOTAL EXPENSES **4,589,994.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **4,589,994.**

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

TAXES AND LICENSES:

PROGRAM SERVICE EXPENSES **132,579.**

MANAGEMENT AND GENERAL EXPENSES **1,624.**

FUNDRAISING EXPENSES **2,032.**

TOTAL EXPENSES **136,235.**

REPAIRS AND MAINTENANCE:

PROGRAM SERVICE EXPENSES **38,076.**

MANAGEMENT AND GENERAL EXPENSES **2,230.**

FUNDRAISING EXPENSES **1,743.**

TOTAL EXPENSES **42,049.**

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A **178,284.**

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ALLOWANCE FOR DOUBTFUL PLEDGES **-294,183.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LT. DAN BAND LLC - 80-0697116 2029 CENTURY PARK EAST SUITE 1500 LOS ANGELES, CA 90067	MUSICAL ENTERTAINMENT PRIMARILY FOR USO AND OTHER MILITARY AND VETERANS ORG.	DELAWARE	83,250.	224,623.	GARY SINISE FOUNDATION

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.